

The Kentucky Women's Cancer Screening Program

Annual Report on the Status of Breast Cancer in the Commonwealth Fiscal Year 2007

Presented to the Governor
and State Legislature

By

Kentucky Women's Cancer Screening Program
Division of Women's Health
Department for Public Health
Cabinet for Health and Family Services



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This report was prepared by

The Kentucky Women's Cancer Screening Program
Division of Women's Health
Kentucky Department for Public Health
and
The Breast Cancer Research and Education Trust Fund

in collaboration with
The Breast Cancer Advisory Committee

Kentucky Women's Cancer Screening Program contributing staff

Carolyn Breckel, RN, BSN
Brenda Combs, BS, CHES
Joy Hoskins, RN, BA
Sivaram Maratha, M.Sc, MPA
Michelle Mitchell, RN, BSN
Ruth Ann Shepherd, MD, FAAP

Supporting Partners

American Cancer Society
Kentucky Cancer Program, James Brown Cancer Center
Kentucky Cancer Program, Lucille Parker Markey Cancer Center
Kentucky Cancer Registry
Louisville and Jefferson County Partnership in Cancer Control

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Please direct requests for additional information to:
Kentucky Department for Public Health
Division of Women's Health
Kentucky Women's Cancer Screening Program
275 East Main Street
Frankfort, Kentucky 40621

Breast Cancer Research and Education Trust Fund Board Members

Joy Hoskins, RN, BA, *President, Assistant Division Director, Division of Women's Health*

Robert Means, Jr., MD, *Director, Lucille Parker Markey Cancer Center*

Donald Miller, MD, PhD, *Director, James Graham Brown Cancer Center*

Debra Armstrong, *Director, Kentucky Cancer Program East*

Connie Sorrell, *Director, Kentucky Cancer Program West*

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William D. Hacker, MD, FAAP, CPE, *Commissioner, Department for Public Health*

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Paula Kaye Gill, DMD, *Breast Cancer Survivor*

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Elizabeth Amin, MD, *Radiologist*

Ruth Ann Shepherd, MD, FAAP, *Acting Director, Division of Women's Health*

Peggy S. Lewis, *Assistant Director, Kentucky State Office of Rural Health*

Eleanor Jordan, *Executive Director, Kentucky Commission on Women*

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**COMMONWEALTH OF KENTUCKY
OFFICE OF THE FIRST LADY**

JANE K. BESHEAR
FIRST LADY

700 CAPITOL AVENUE
SUITE 102
FRANKFORT, KY 40601
(502) 564-2611
FAX: (502) 564-8154

My Fellow Kentuckians:

Breast cancer remains a leading public health concern in the commonwealth, where it is the second leading cause of cancer deaths among Kentucky women. Naturally, we are committed to emphasizing the importance of awareness, regular screenings and early detection – the most powerful weapons we have in the fight against this terrible disease.

Since 1999, the rate of diagnosis for new cases of breast cancer has slightly decreased, which can be attributed to the increase in early detection. Thanks to early detection and new innovative treatments, deaths from breast cancer are also steadily decreasing.

The “Annual Report on the Status of Breast Cancer in the Commonwealth for Fiscal Year 2007” demonstrates the results of tremendous efforts of the Kentucky Women’s Cancer Screening Program (KWCSPP) of the Kentucky Department for Public Health and its partners to provide breast cancer screening services and prompt referral for treatment to eligible women in the commonwealth. In FY 2007, the KWCSPP provided breast cancer screenings to 28,000 women.

The KWCSPP is absolutely vital for improving the health status of women in Kentucky and assisting in the reduction of health disparities. I think this report exemplifies the imperative need for this program and the wonderful services it provides. Because of increased screening efforts like the KWCSPP, other health care providers and a strong network of community partnerships, women’s lives are being saved.

Thank you for your interest in improving the health of women of Kentucky. It will only be through shared responsibility and working together that we will truly succeed in continuing to improve the health status of Kentuckians.

Best Wishes,

Jane Beshear
Jane Beshear



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

Steven L. Beshear
Governor

275 East Main Street, HS1GWA
Frankfort, Kentucky 40621
(502) 564-3970
(502) 564-9377
www.chfs.ky.gov

Janie Miller
Secretary



MESSAGE FROM THE COMMISSIONER

The Kentucky Women's Cancer Screening Program (KWCSF), in collaboration with the Breast Cancer Research and Education Trust Fund, is pleased to share with you the Fiscal Year (FY) 2007 "Annual Report on the Status of Breast Cancer in the Commonwealth". This report provides an overview of the KWCSF and the Breast Cancer Research and Education Trust Fund, as well as a summary of the KWCSF achievements during FY 2007.

This report details the burden of breast cancer among women in Kentucky. Kentucky women are diagnosed with breast cancer at a lower rate than women in the U.S., but they are dying at the same rate of breast cancer compared to women in the rest of the nation. Kentucky ranks twentieth in the nation in terms of annual breast cancer death rates. In 2007, the American Cancer Society estimated Kentucky women would be diagnosed with 2,590 new cases of breast cancer and 600 women would die each year from breast cancer.

To reduce the burden of breast cancer, the KWCSF was established in the Kentucky Department for Public Health in 1990. The KWCSF provides a vital service and a crucial component in the improvement of the status of women's health in the Commonwealth. The program's mission is to provide breast cancer screening services of high quality and at a low or reduced cost to women who may not otherwise receive breast cancer screening services. Moreover, Kentucky was recognized as only one of 33 state programs among 68 in the nation that met all of the core performance indicators on the quality of breast and cervical cancer services assessed by the Centers for Disease Control and Prevention (CDC).

During FY 2007, the KWCSF provided breast cancer screenings to 28,000 women and detected 217 invasive breast cancers. In response to the great need for breast cancer treatment services, National Breast and Cervical Cancer Treatment funds were made available in 2002 through the Kentucky Department for Medicaid Services for the KWCSF women who were diagnosed with breast cancer and needed treatment services. Since the inception of the treatment program, more than 2,062 KWCSF patients have received coverage for treatment through the Breast and Cervical Cancer Treatment Program.

I would like to extend my appreciation to communities and healthcare providers across the Commonwealth for their support in the promotion of breast cancer awareness, screening and prompt referral for treatment of the KWCSF women with breast cancer. Through screening, early detection, prompt referral and community outreach initiatives, we can make a tremendous difference in the health and lives of Kentucky's women.

Sincerely,

William D. Hacker, MD, FAAP, CPE
Commissioner
Department for Public Health



Executive Summary

Breast cancer has been a longstanding public health concern in Kentucky. Breast cancer kills approximately 600 women every year in Kentucky. In order to reduce the burden of breast cancer in Kentucky, action steps taken by the Kentucky Women's Cancer Screening Program (KWCSPP) in the Department for Public Health include early detection through breast cancer screening and diagnostic services, prompt referrals to treatment services, quality assurance, public education and outreach activities, and collaborations with partner organizations and individuals around the state.

In 1990, Kentucky state general funds were made available for breast cancer screening services administered by the Kentucky Department for Public Health through local health departments. In 1995, the program applied for and received federal funding for additional breast cancer screening services. In the seventeen years since the program started, 223,717 screening mammograms have been provided and 2,400 cases of breast cancer have been detected.

In FY 2007, at least 90,000 women received breast cancer screening services through local health departments. Of those women, 17,122 women received screening mammograms. Local health departments were able to provide more than 28,000 women with those breast cancer screening services by utilizing the funding from the KWCSPP for women who could not have otherwise afforded them. This included some 11,000 screening mammograms for eligible women. The KWCSPP enrolls women ages 21-64 with incomes less than 250% of poverty who have no other health care coverage.

The KWCSPP made great strides in improving screening rates of the disparate populations through public education and outreach. KWCSPP recruitment staff continue to work with state partners, local health department staff, and 59 local community coalitions to support outreach efforts for breast cancer screenings to women who have never or rarely been screened, African Americans, Hispanics and women residing in Appalachian counties. Through contracts with the Fayette County Health Department and the University of Louisville Brown Cancer Center, the program supports special efforts to recruit African American and Hispanic women and women from other disparate populations for breast cancer screenings.

Historically, in Kentucky and in the U.S., a higher percent of breast cancers were found in the late stages among African American women (37%) compared to White women (30%). This would reflect later screening than recommended. As a result, mortality rates from breast cancer in African American women have been higher than in white women. However, the most recent Kentucky data from 2005 shows for the first time that age-adjusted mortality rates for African American women in Kentucky were LOWER than for white women. We hope this will prove to be the start of a positive trend, and that it reflects that our outreach efforts have been successful. In addition, new data shows that overall breast cancer mortality is now similar in rural and urban parts of the state, whereas in the past rural areas had higher mortality rates. Moving forward, the KWCSPP and partners will continue to focus resources on activities to decrease racial as well as geographic disparities in screening, diagnosis, and death rates due to breast cancer.

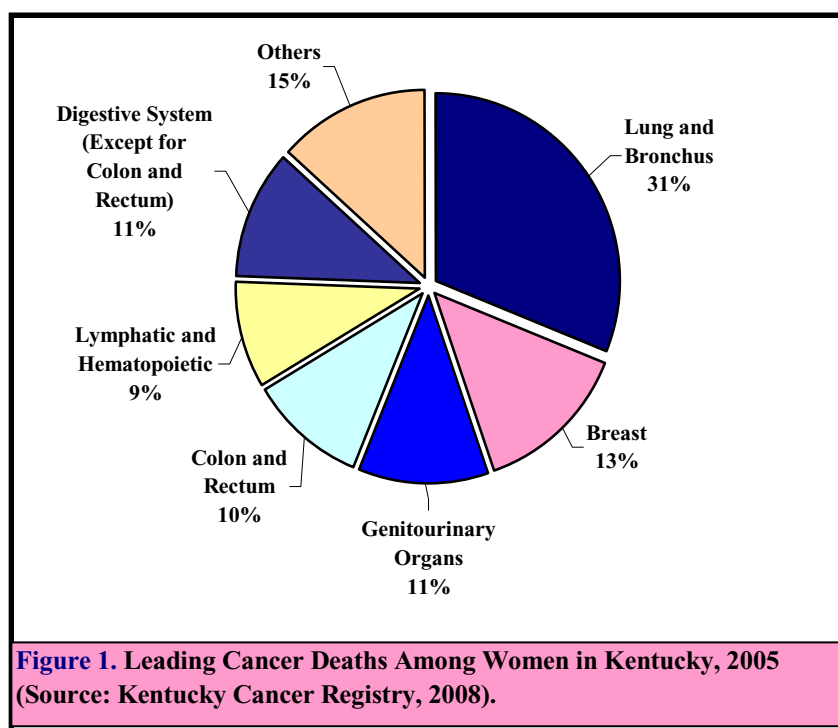
Every effort has been made to assure the quality of screening and diagnostic services and prompt referrals to treatment services. The Centers for Disease Control and Prevention (CDC) tracks and monitors the quality of breast cancer services and prompt referrals through a report of the program's performance for eleven (11) core performance indicators. Four (4) of the program's core performance indicators assess quality of breast cancer services and seven (7) of the core performance indicators assess quality of cervical cancer services. The KWSCP met or exceeded 100% of the CDC standards for all eleven (11) core performance indicators for breast and cervical cancer services for the last two years, making the KWSCP one of the highest quality programs in the country, according to CDC. Tools developed by our program are now being used as models for other state programs.

Through the federal Centers for Medicare and Medicaid Services (CMS) Breast and Cervical Treatment Program, since 2002, Kentucky's Medicaid Program has partnered with the KWSCP to provide coverage for Breast and Cervical Cancer Treatment to Kentucky women screened or diagnosed through the KWSCP. This collaborative effort between the Kentucky Department for Medicaid Services (DMS) and the KWSCP means that women diagnosed through the program may be able to access treatment which otherwise would have been out of their reach. Without this partnership which makes available screening, diagnosis and referrals for treatment services through KWSCP, over 2,000 Kentucky women might not have been diagnosed nor received treatment for breast or cervical cancer.

Now there is yet another avenue for help and hope for Kentucky women. The Breast Cancer Research and Education Trust Fund, begun in 2006, annually provides funding for more Kentucky-based research and education projects on breast cancer, with the ultimate goal of reducing breast cancer in Kentucky. Funds are collected through the sale of the breast cancer license plate, a state tax-return check box, and private donations. These funds are an investment in the future for Kentucky women's health.

I. Breast Cancer in Kentucky

Breast cancer is the most commonly diagnosed cancer among American women. The American Cancer Society (ACS) estimates that 12.5%, or 1 in 8, American women born today will be diagnosed with cancer of the breast at some time during their lifetime. In Kentucky, cancer was responsible for deaths of nearly one out of every five women. According to the most recent data available Breast cancer is the second leading cause of cancer deaths among women in Kentucky (Figure 1). Based on 2004 data from the National Cancer Institute (NCI), Kentucky was ranked as having the 20th highest breast cancer death rate (24.3 deaths per 100,000 women) in the nation. Breast cancer places a great financial toll on individuals and society alike. Breast cancer not only decreases the quality of life of the women it strikes, the disease also has a negative impact on the quality of life of affected family members and caregivers. Addressing this problem requires a comprehensive approach including risk reduction, screening, early detection, diagnosis and treatment. The first step to this approach is to assure that women receive breast cancer screenings.



A. Breast Cancer Screening Rates

National screening guidelines endorsed by the Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG) and the American Cancer Society (ACS) recommend that annual clinical breast exams be provided for patients beginning at age 21 and annual screening mammograms be provided for patients beginning at age 40.

Screening rates have remained consistent and have been close to the national average over the past five years. According to the Kentucky Behavioral Risk Factor Surveillance System Survey (BRFSS), Kentucky women aged 40 and older are receiving screening mammograms at a rate similar to the U.S. rate; this results in earlier detection. Figure 2 shows the proportion of women aged 40 and older in Kentucky and in the U.S. who reported they had a mammogram in the past two years. From 2002 to 2006, Kentucky women who received screening mammograms in the past two years have remained fairly consistent and there is no significant difference compared to the national percentage for women aged 40 and older.

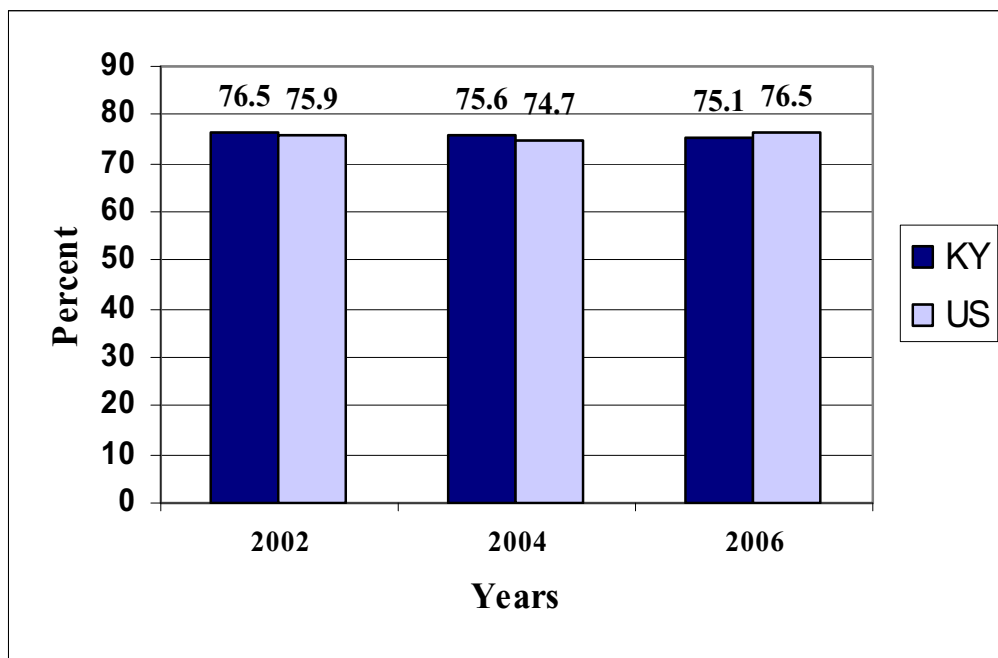


Figure 2. Percentage of Kentucky Women Aged 40 and Older Who Had a Mammogram Within the Past Two Years; Kentucky and U.S.; 2002, 2004 and 2006 (Source: Kentucky Behavioral Risk Factor Surveillance System Survey and Centers for Disease Prevention and Control, 2006).

In 2006, the BRFSS shows 24.9% of women aged 40 and older surveyed reported they had not had a screening mammogram in the past two years, the frequency established in the nationally recommended guidelines for breast cancer screening. These women are considered to be never or rarely screened and are targeted by KWCSO outreach efforts. Since the establishment of the KWCSO, the women reporting themselves to be in this category have declined from 40.8% in 1995 to 24.9% in 2006. This trend is similar to the national trends (Figure 3). The trend since 2002 indicates that the proportion of women who have not received a mammogram in the past two years has remained consistent. This finding of the survey suggests that the KWCSO must continue outreach efforts to promote recommended screening intervals for early detection of breast cancer among Kentucky women and recruit never or rarely screened women as well as African American, Hispanic and Appalachian women. By fostering partnerships with not only public and private organizations but also professionals and breast cancer survivors, progress will be made.

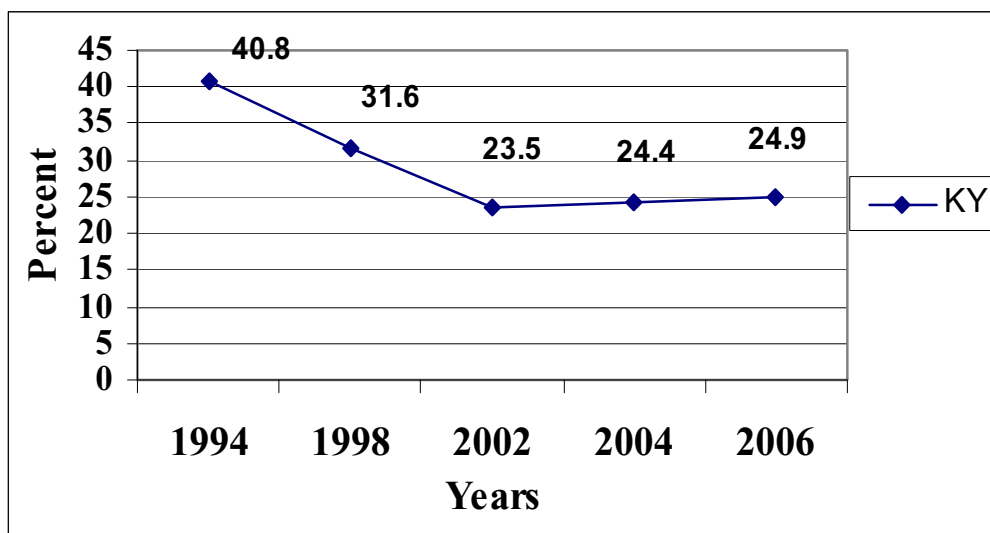
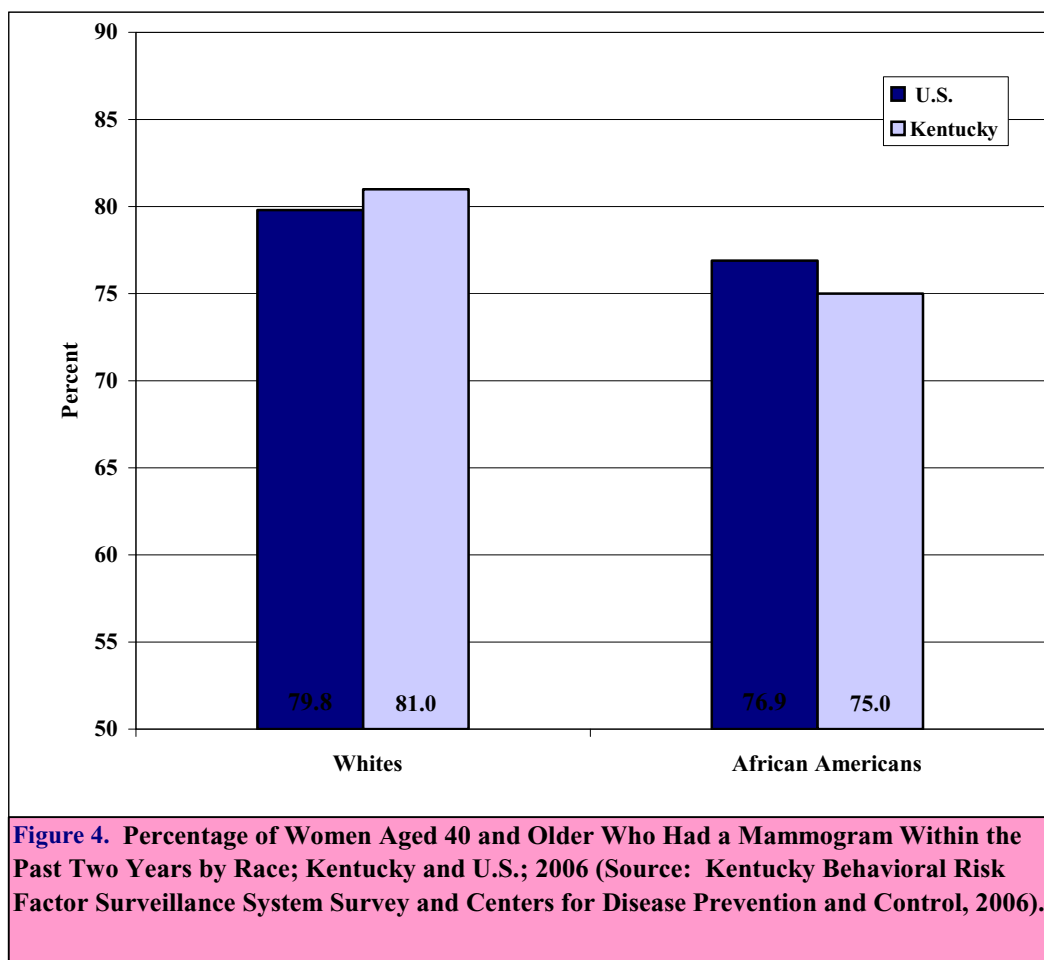


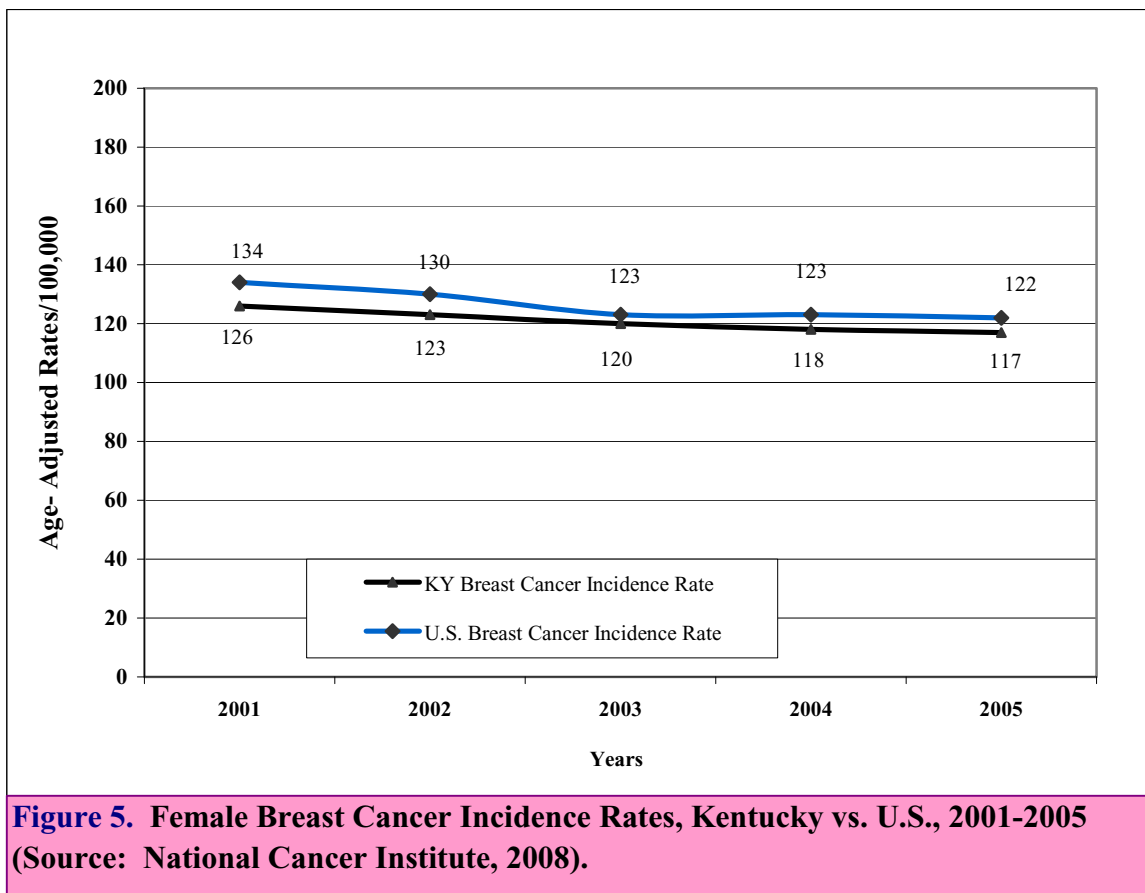
Figure 3. Percentage of Kentucky Women Aged 40 and Older Who Have Not Had a Mammogram Within the Past Two Years, 1994-2006 (Source: Kentucky Behavioral Risk Factor Surveillance System Survey, 2006).

As depicted in the graph below, the BRFSS shows that 75% of African American women aged 40 and older surveyed reported they have had a screening mammogram in the past two years in Kentucky compared to 76.9% in the nation. Figure 4 also shows the percentage of Kentucky White women (81%) who reported they have had a screening mammogram in the past two years is slightly higher than the national results (79.8%). This gap appears to be closing with our outreach efforts in Kentucky.

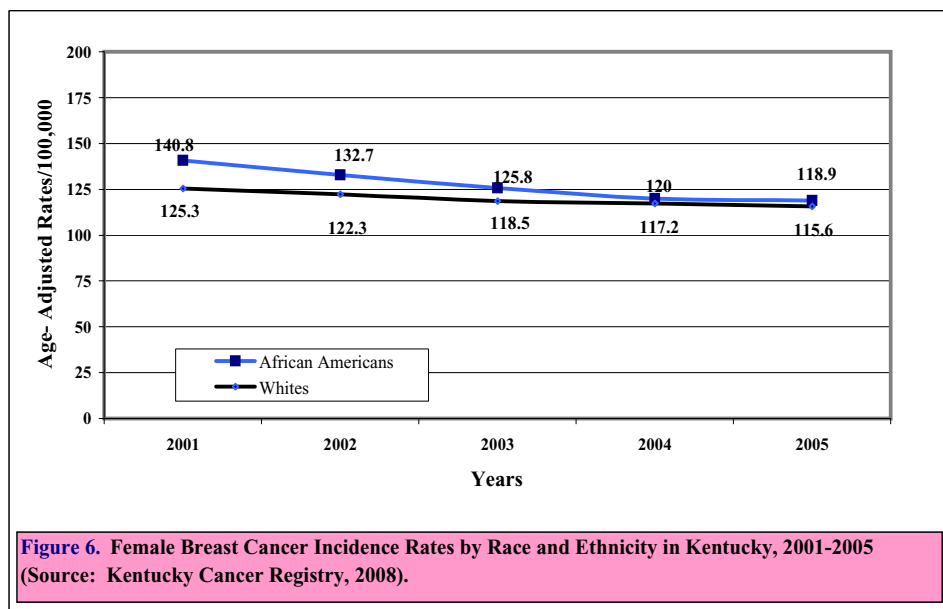


B. Breast Cancer Incidence Rates

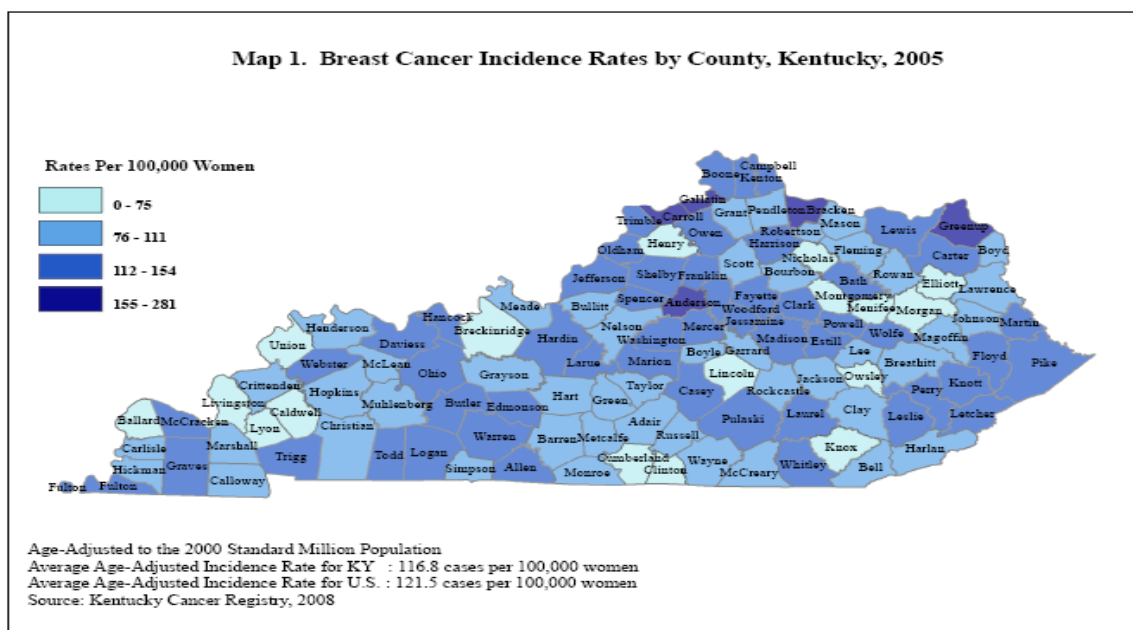
Breast cancer incidence, the rate of new cases of breast cancer in women during the year, in Kentucky has continued an overall downward trend over the last few years. This trend follows a similar decline in U.S. female breast cancer incidence rates for the same period of time. According to the Surveillance, Epidemiology, and End Results (SEER) Program data of the National Cancer Institute for the years 2001-2005, Kentucky's breast cancer incidence rate was lower than that of the rest of the nation (Figure 5). For this time period, the average annual age-adjusted female breast cancer incidence rate in Kentucky was 120.8 cases per 100,000 women, lower than the U.S. rate of 126.4 cases per 100,000 women.



Incidence rates are influenced by racial, ethnic and geographic disparities. There are racial and ethnic disparities in Kentucky. The average annual age-adjusted breast cancer incidence rate from 2001 to 2005 was 119.7 cases per 100,000 among White women and 127.6 per 100,000 among Non-Hispanic African American women, reflecting a higher incidence of breast cancer among Non-Hispanic African American women in Kentucky (Figure 6).



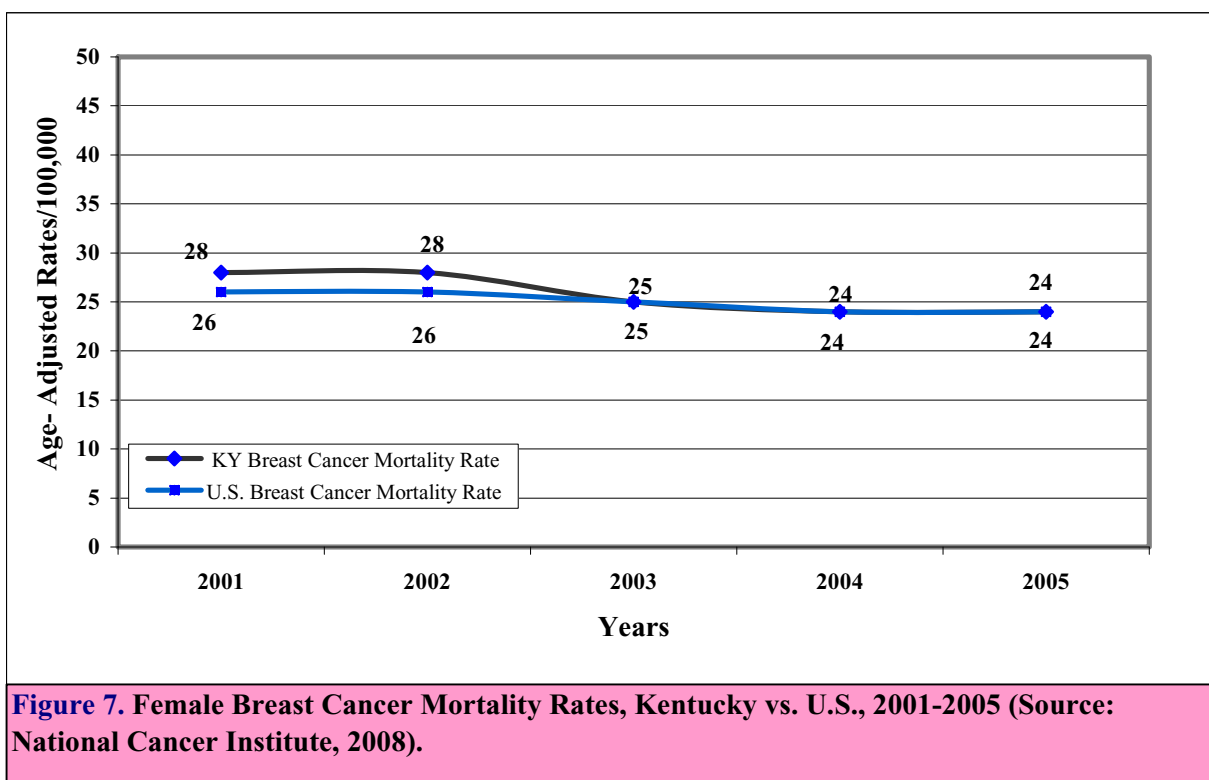
The most recent available data (2005) from the Kentucky Cancer Registry revealed five counties in Kentucky significantly had higher age-adjusted incidence rates due to breast cancer compared to the state average age-adjusted rate (116.4/100,000 women). These counties were: Bracken (281/100,000 women), Anderson (219/100,000 women), Carroll (187/100,000 women), Gallatin (174/100,000 women), and Greenup (173/100,000 women) (Map 1). Women in counties with higher rates of breast cancer may have multiple risk factors for breast cancer. National studies show higher risk factors associated with breast cancer such as poor health history, economic and environmental factors. On the other hand, higher incidence in these counties could represent effective outreach to recruit women for early detection of breast cancer and increased accessibility to breast cancer screening services. Trends in county screening rates are being monitored to assess these findings.



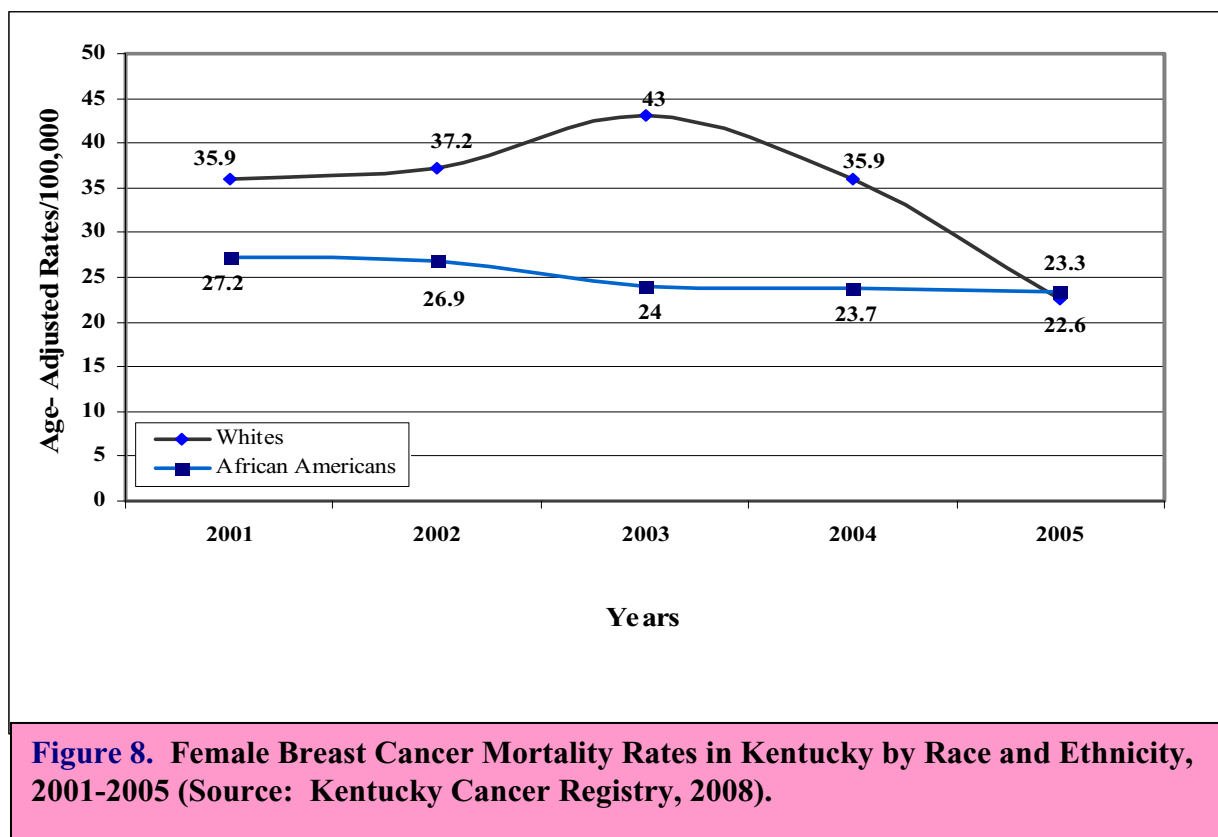
C. Breast Cancer Mortality Rates

Breast cancer death rates in Kentucky and in U.S. have continued an overall downward trend over the last few years (Figure 7). In Kentucky, the average breast cancer mortality rates among women (25.6 deaths per 100,000 women*) was slightly higher than the average mortality rate due to breast cancer among women in the United States (25 deaths per 100,000 women*) from 2001 through 2005. Breast cancer mortality rates show wide variations across Kentucky and reflect both geographic and racial and ethnic disparities. During that period, the age-adjusted mortality rate of breast cancer in rural areas (25.5 deaths per 100,000 women) of Kentucky was no different than the rate in the urban areas (25.6 deaths per 100,000 women) of Kentucky. In past years, rural areas have shown higher mortality rates compared to urban rates. This may reflect outreach efforts for better access to care and early detection.

*Rates are for invasive breast cancers.



Female breast cancer mortality rates vary considerably across racial and ethnic groups in Kentucky as elsewhere in the United States. African American women continue to die of breast cancer at a higher rate than any other racial or ethnic group, suggesting racial and ethnic disparities exist in Kentucky and in the U.S. The average annual age-adjusted breast cancer mortality rate in Kentucky from 2001 to 2005 was 25 cases per 100,000 in White women and 35.3 cases per 100,000 African American women. In Kentucky, among African Americans (36%) of breast cancers were found in the late stages compared to 30% in White women from 2001 to 2005. Breast cancers found in the late stages are more likely to lead to mortality rates. The observed higher incidence and higher mortality among African American women may be the result of later detection of disease among African American women. According to the Kentucky Cancer Registry, the average annual age-adjusted mortality rate in Kentucky among African American women has decreased significantly over the last few years. For the first time, in 2005 the average age adjusted mortality rates among African Americans (22.6 cases per 100,000 women) is lower than Kentucky's average age-adjusted mortality rate (23.0 cases per 100,00 women) and average age-adjusted mortality rate among White women (23.3 cases per 100,000 women) for the same time period (Figure 8).



In Kentucky, among African Americans, 36% of breast cancers were found in the late stages compared to 30% in White women from 2001 to 2005. During that period, African American women among the age group of 40-49 years have a higher death rate due to breast cancer (15.5%) compared to White women (10%) according to the Kentucky Cancer Registry (Figure 9). These findings indicate a need to continue on-going outreach initiatives to Kentucky's African American women to assure access to services and to promote early detection and prompt treatment after diagnosis.

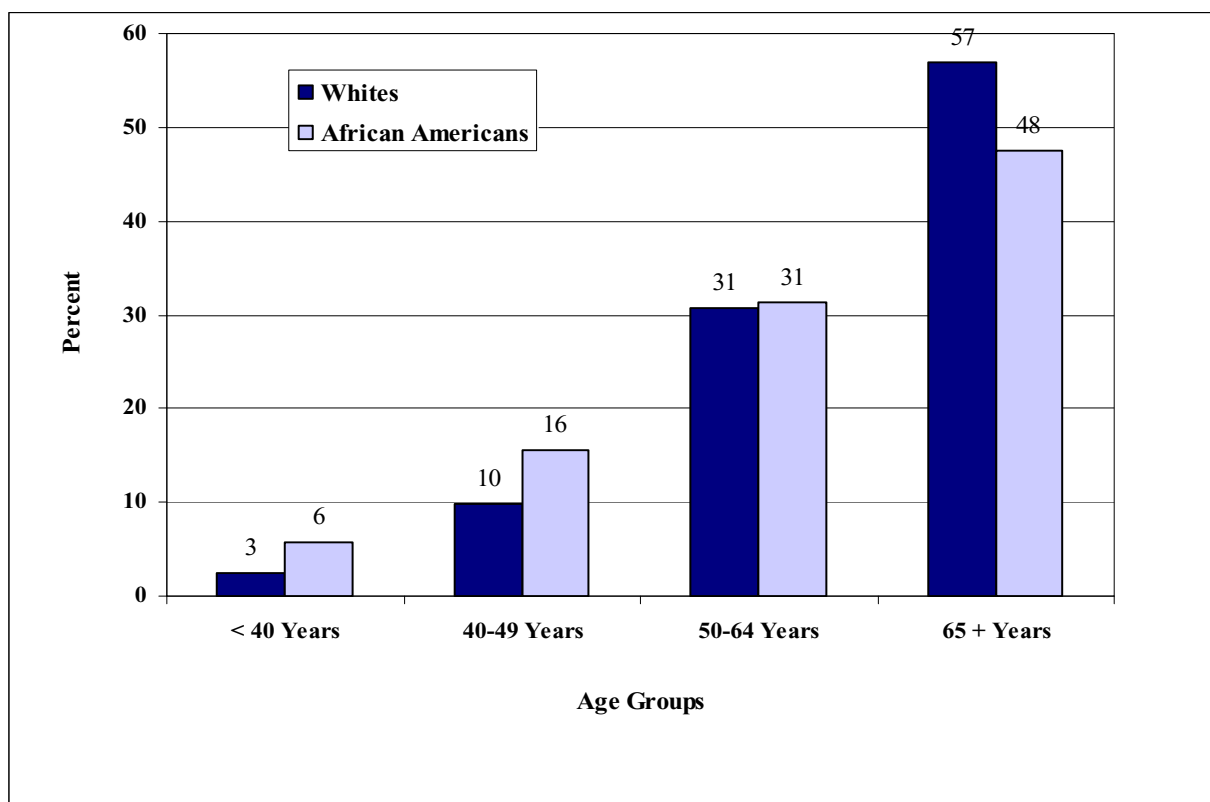


Figure 9. Female Breast Cancer Mortality Rates in Kentucky by Age Groups, 2001-2005 (Source: Kentucky Cancer Registry, 2008).

Given the small number of Hispanic women in the general Kentucky population (1.9% in 2006), available data for breast cancer mortality among Hispanic women is not sufficient to support reliable inferences about mortality in this population. The KWCSF will continue to assess trends for breast cancer mortality among this population and will work with community, state and national partners to support initiatives to promote early detection, diagnosis and prompt treatment of breast cancer among all minority residents of the state.

D. Summary

The most common cancer Kentucky women are likely to face is breast cancer. In Kentucky, screening mammography rates are very close to national rates. Still, nearly one in four Kentucky women who need mammograms do not get them. Many of these women are in areas where screening is not readily available or affordable. Others may not know the importance of regular screening. Outreach efforts must continue until all Kentucky women can access regular screenings, diagnosis, and treatment that will help us eliminate the burden of breast cancer in Kentucky.

Data in this report suggest that we are making some progress in this fight against breast cancer in Kentucky. Mortality rates from breast cancer overall are decreasing. The disparity in breast cancer death rates between women who reside in urban and rural areas has disappeared. In 2005, the age-adjusted death rate from breast cancer for African-American women in Kentucky was actually lower than for White women, a reversal of the historical disparity of more deaths in African Americans. If this progress is maintained, it is certainly a significant achievement for the local health departments, KWSCP, the Kentucky Cancer programs, local community Breast and Cervical Cancer Coalitions, and special outreach initiatives described in this report. Moreover, it is an accomplishment by the literally hundreds of agencies and individuals around the state who have been touched by breast cancer and have dedicated their time and efforts to making a difference in the fight against breast cancer. The need continues, and the work will continue, but with renewed optimism that we can make a difference.

II. Kentucky Women's Cancer Screening Program Overview

Through federal funds from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the Kentucky Women's Cancer Screening Program was begun in 1995 to provide breast cancer screening services of high quality and at a low or reduced cost to women of all income levels through preventive health programs at the local health departments in all of Kentucky's 120 counties. Women to be screened are seen initially in local health departments by registered nurses or other practitioners who provide instruction in breast self-examination and perform clinical breast exams. In accordance with nationally recommended screening guidelines, annual clinical breast exams are provided for patients beginning at age 21 and annual screening mammograms are provided for patients beginning at age 40. Local health departments contract with local providers for screening mammograms and for follow-up diagnostic tests as clinically indicated.

Each year, the KWCSF supports a variety of activities aimed at raising awareness about breast cancer and the benefits of screening. Throughout FY 2007, the program collaborated with the Kentucky Cancer Program and other partners to conduct media campaigns, community and provider education programs, and to support outreach activities of local community coalitions across the state. These outreach and media campaigns focused on recruitment of Appalachian, African American and Hispanic women, women aged 50 and older, and women who have never or rarely been screened for breast cancer as defined on Page 6.

A. Eligibility Criteria

The KWCSF serves women who may not otherwise receive breast cancer screening services. These women include the following: Aged 21 to 64 years; household income of less than 250% of the federal poverty guidelines; and have no insurance, Medicare or Medicaid coverage. Women with household incomes below 100% of the poverty level receive services at a minimal cost. Women with household incomes between 100 and 250% of the poverty level are charged according to a sliding fee schedule. All women receive breast cancer screening services according to age. Women younger than 40 years of age receive clinical breast exams and screening mammography services if they have been previously diagnosed with breast cancer, have had chest wall radiation, or have a family history of pre-menopausal breast cancer. Women 40-64 years old receive clinical breast exams and annual mammograms. Women are never denied services due to an inability to pay. Women who do not meet eligibility criteria for services through the KWCSF may be referred to other programs for cancer screening services.

B. Provision of Services

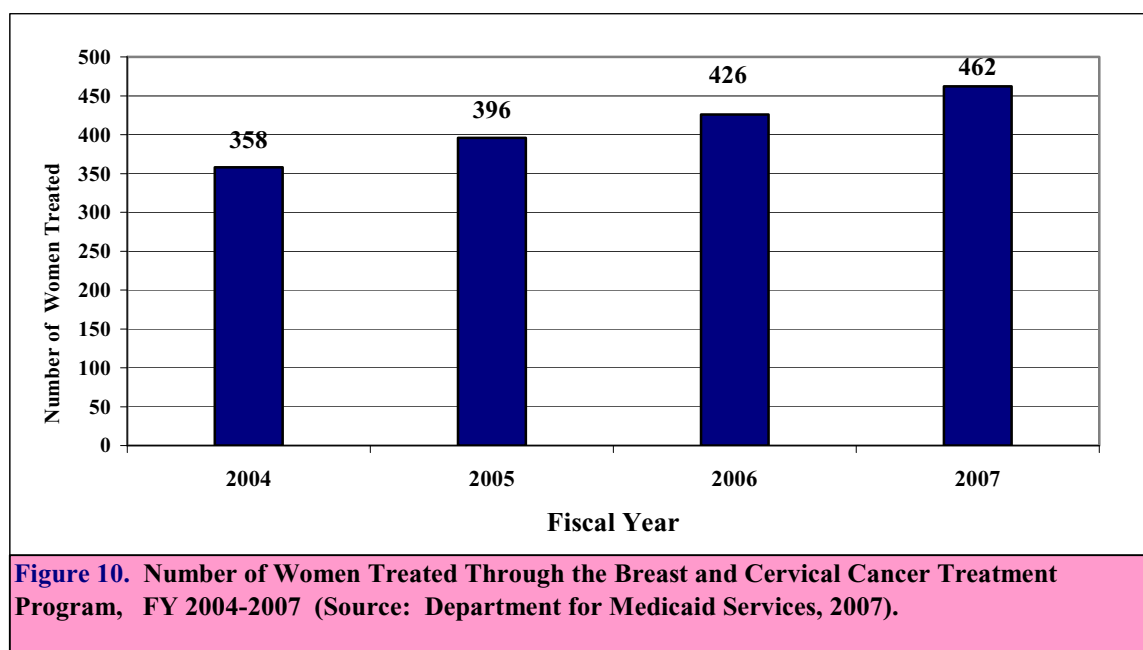
Breast cancer screening services are provided by a physician, nurse practitioner, or a specially trained registered nurse at a local health department or contracted healthcare provider. A cancer screening visit includes a health history; risk reduction counseling, a physical examination including a Pap test; a pelvic exam; a clinical breast exam; laboratory tests; and referral for annual mammogram for women ages 40 years old and older. Nurse case management is also provided for patient follow-up in the event of abnormal results. Patients are encouraged to receive all services; however, the patient retains the right to refuse any part of the exam.

Local health departments contract with local providers for mammograms and diagnostic tests. In counties where there is not a certified mammography facility or where an agreement cannot be established, a contract is established with a neighboring county or with a mobile mammography unit. There are approximately 165 mammography facilities available to provide mammograms for local health department clients across the state. Technical assistance from KWCSP staff members is available to assist local health departments identify providers for the potential establishment of contracts or to assist with funding to assure transportation for patients to their medical appointments.

Women in the KWCSP or in local health departments who receive abnormal breast cancer screening results are referred to providers who provide contracts through local health departments to provide follow-up diagnostic services, which may include diagnostic mammography. For those services for which no funds are available, or for services not covered by third party payers, local health departments negotiate with local providers to provide these services to patients at a minimal cost. For treatment for women with a final diagnosis of cancer or pre-cancer of the breast who have no health care coverage, the KWCSP assists with enrolling and initiating necessary referrals to the Department for Medicaid Services Breast and Cervical Cancer Treatment Program.

C. Breast and Cervical Cancer Treatment Program

On October 1, 2002, Breast and Cervical Cancer Treatment Funds became available for women who were screened for breast cancer through the KWCSP. Kentucky's Department for Medicaid Services (DMS) added coverage through special eligibility processes to enroll women who require treatment for breast or cervical cancer or precancerous conditions. Since 2002, the KWCSP has collaborated with the DMS to provide at least 2,207 women coverage benefits for treatment through the DMS Breast and Cervical Cancer Prevention and Treatment Program. Without the availability of the screening and diagnostic services and the treatment referrals, these women might not have been diagnosed or received treatment for breast or cervical cancer and precancers (Figure 10).



D. Public Education and Outreach

1. Coalitions

During FY 2007, collaborative efforts resulted in the implementation of media messages and support for outreach efforts in all 120 Local Health Departments and 59 local community coalitions for breast and cervical cancer (Table 1). Community coalition implemented activities to increase awareness of the need for breast cancer screenings, targeting women aged 50 and older as well as those who have never or rarely been screened for breast cancer. Women who have never or rarely been screened for breast cancer are at risk for late detection of breast cancer, possibly resulting in higher mortality rates from breast cancer. The KWCSF helped plan and provided support for the following local community coalition outreach initiatives to recruit women for screening for breast cancer: educational presentations, distribution of educational materials, health fairs, professional education and awareness through presentations and materials, newspaper and radio articles, press releases, and public service announcements (PSAs). During 2007, community coalition activities resulted in the screening of 1,256 women, the distribution of 947,570 pieces of educational material, and the provision of nearly 445 educational presentations, including 43 professional education and awareness presentations. Community collaborative efforts also reached 1,603,375 persons through media (i.e. radio, TV, PSAs, newspaper articles).

Table 1. Local Community Breast and Cervical Cancer Coalitions FY 2007	
1. Ballard	30. Lewis
2. Bath	31. Lincoln
3. Bourbon	32. McCracken
4. Breathitt	33. McCreary
5. Bullitt	34. Madison
6. Caldwell	35. Magoffin
7. Carlisle	36. Marshall
8. Carroll	37. Martin
9. Christian	38. Meade
10. Cumberland	39. Menifee
11. Elliott	40. Mercer
12. Estill	41. Monroe
13. Fayette	42. Montgomery
14. Fleming	43. Morgan
15. Floyd	44. Muhlenberg
16. Franklin	45. Nicholas
17. Fulton	46. Northern Kentucky
18. Graves	47. Ohio
19. Green	48. Oldham
20. Harlan	49. Owen
21. Hickman	50. Owsley
22. Jefferson	51. Powell
23. Jessamine	52. Pulaski
24. Knott	53. Shelby
25. Knox	54. Todd
26. Laurel	55. Warren
27. Lawrence	56. Washington
28. Lee	57. Wayne
29. Leslie	58. Whitley
	59. Wolfe

2. Targeted Outreach

Through combined efforts of the Department for Medicaid Services, the Division of Women's Health, and the Kings Daughter's Hospital in Ashland, a Mobile Mammography project was conducted in three of the former TEAM UP counties. The KWCSF had participated in TEAM UP, a national partnership between the United States Department of Agriculture (USDA), the National Cancer Institute (NCI), the Center for Disease Control and Prevention (CDC), and the American Cancer Society (ACS). The objective of TEAM UP was to increase breast cancer screening services among never or rarely screened women through grassroots awareness and activism. The project was aimed at nine rural Appalachian counties in Kentucky whose women had high mortality rates and low breast cancer screening rates. The arrangements were made to have a mobile mammography unit to visit Martin, Magoffin and Wolfe counties due to the lack of free standing or mobile mammography facilities in these counties. A total of 68 women received screening mammograms during the visits. Due to the success of this endeavor, King's Daughters Hospital obtained Breast Cancer Research and Education Trust Fund grant funds to continue the mobile mammography project for another year.

Health disparities exist due to race and ethnicity, educational attainment, income and rural location (including the far eastern portion of the state consisting of 51 counties in Appalachia), all of which impact the utilization of preventive screenings. Other contributing factors associated with the low number of cancer screenings among African American, Appalachian and Hispanic women include lack of convenience and time to schedule an appointment with their healthcare provider for a breast cancer screening; fear of the detection and diagnosis of breast cancer; and embarrassment related to the mammogram procedure. The barriers to breast cancer screenings for African American, Appalachian and Hispanic women also include lack of knowledge of breast cancer risk factors and breast cancer screenings; myths and misconceptions about the etiology of breast cancer; fatalistic perspectives on breast cancer outcomes; lack of referrals from healthcare providers; and mistrust of healthcare providers; culture; and lack of health insurance (Shell, 2004).

Outreach efforts to recruit African American, Appalachian and Hispanic women to receive breast cancer screenings were increased based on an analysis of the Kentucky Cancer Registry data. More than 2,000 women were screened in FY 2007 as a result of a joint effort in Fayette and Jefferson Counties. Special emphasis was given to the African American women through the Lexington-Fayette County Health Department, the Sister-to-Sister Project, and the Louisville and Jefferson County Partnership in Cancer Control. To address breast cancer health disparities among Hispanics, the KWCSP contracted with the University of Louisville Brown Cancer Center to support a special mobile mammography outreach initiative called the Jefferson County Partnership in Cancer Control. The goal of this initiative was to reduce barriers in breast cancer screenings among women who are members of disparate populations, including immigrant women such as those among the rapidly growing Hispanic population. The KWCSP continues to enhance partnerships and establish resources for the evaluation of screening outcomes for these projects.

3. Training

Training programs were provided to local health department coalition coordinators and members to enhance their outreach efforts. A statewide two-day Annual Coalition training was held for 110 coalition coordinators and volunteers, local health department and Kentucky Cancer Program staff members. The training offered cancer updates, data-driven recruitment methods, coalition challenges, patient referral resources and grant opportunities.

III. Clinical Services Report

A. Screening Services

1. Screening Mammograms Performed through Local Health Departments in Kentucky by Service Numbers

Since 1991, a total of 223,717 screening mammograms have been performed through local health departments in Kentucky. During FY 2007, 17,122 screening mammograms were provided through local health departments in Kentucky (Figure 11). Of the 17,122 screening mammograms provided through the local health departments, 11,980 screening mammograms were provided to KWCSF eligible women. *The KWCSF breast cancer screening rate for the eligible women was 20%, which is higher than the breast cancer screening rate of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) screening rate of 19%.*

Figure 11 shows the total number of screening mammograms provided by all local health departments in Kentucky for fiscal years 1991-2007. The number of screening mammograms has remained consistent since 2003. County-specific screening data is available upon request. Figure 11 shows one exceptional year of screening mammography in 1998, during which additional, special promotions increased the number of screening mammograms provided. This promotion offered free screenings for any women over the age of 40, regardless of income and insurance status.

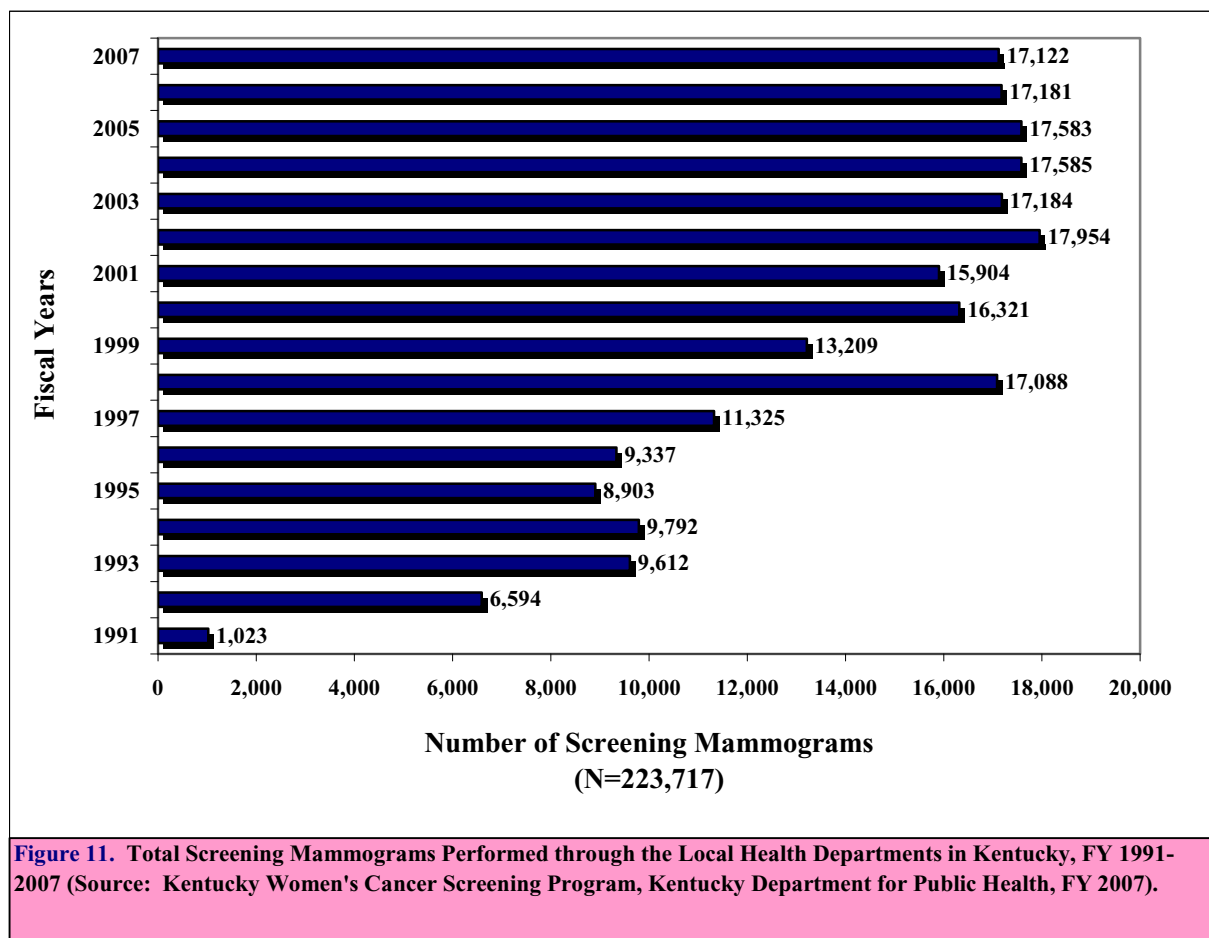


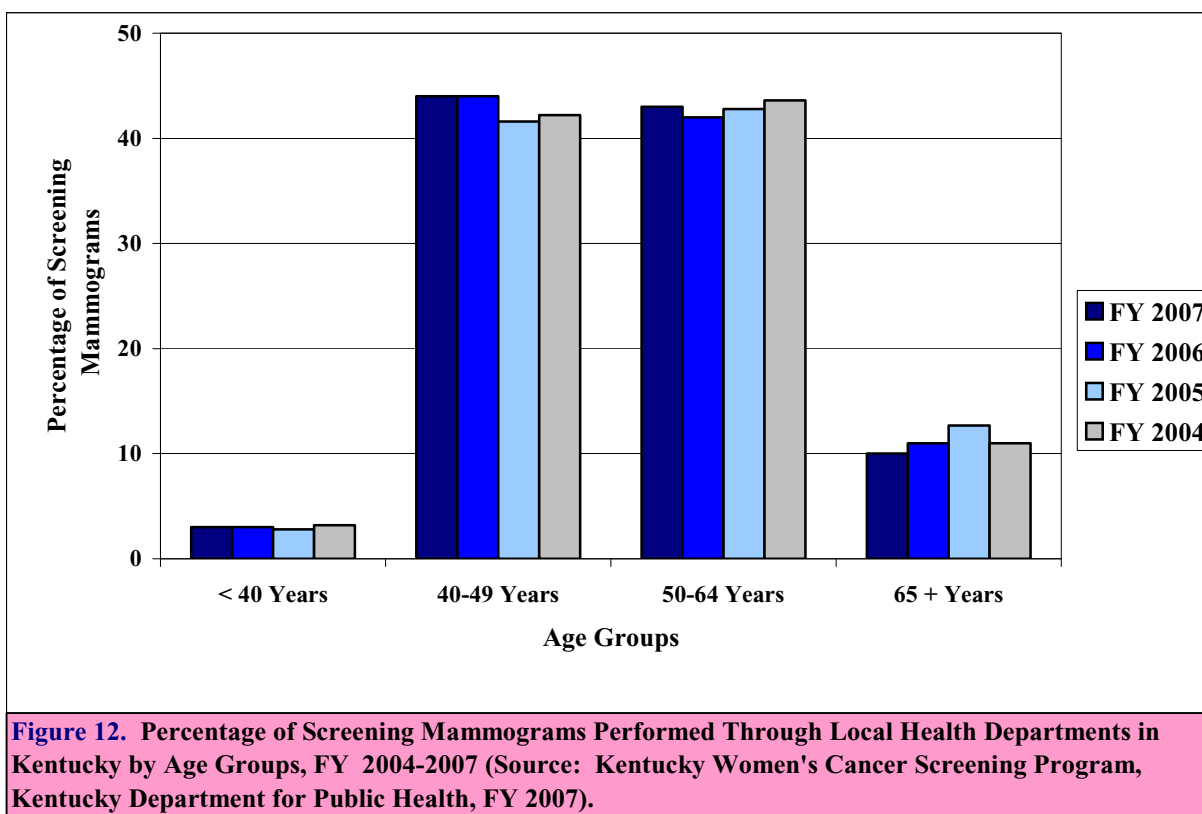
Table 2 demonstrates the number of screening mammograms performed in FY 2007 through local health departments in higher population areas, which include the FIVCO, Purchase and Northern Kentucky Area Development Districts. These numbers are not adjusted for the population.

Table 2. Screening Mammograms Performed Through Local Health Departments in Kentucky, FY 2007.	
Area Development Districts	FY 2007
1. Barren River	1,209
2. Big Sandy	846
3. Bluegrass	735
4. Buffalo Trace	908
5. Cumberland Valley	642
6. FIVCO	3,527
7. Gateway	341
8. Green River	287
9. Kentucky River	363
10. KIPDA	932
11. Lake Cumberland	967
12. Lincoln Trail	1,216
13. Northern Kentucky	1,782
14. Pennyryle	1,161
15. Purchase	2,206
Total	17,122

2. Screening Mammograms Performed through Local Health Departments by Age Groups

The American Cancer Society and the National Cancer Institute recommend yearly screening mammograms for women 40 years old and older. The Kentucky Department for Public Health follows these recommendations for screening mammograms. In FY 2007, 98% of screening mammograms performed through local health departments were provided to women 40 years old and older. Of these women, forty-four percent (44%) who received screening services were 40-49 years old. Forty-three percent (43%) of these women were 50-64 years old, and eleven percent (11%) of these women were 65 years old and older.

Throughout FY 2004-2007, the percentage of screening mammography among all age groups have remained stable (Figure 12). Results of several large studies indicate that screening mammograms reduce the number of deaths from breast cancer for women over 40 years old, especially for those women over 50 years old. Studies conducted to date have not shown a benefit for regular screening mammograms or baseline mammogram for women under 40 years old. Since guidelines do not recommend routine screenings for women younger than 40 years old, it is expected to obtain a lower percentage of screening mammograms for women 40 years old and younger. However, women under 40 years old are provided mammograms at local health departments if they have symptoms of breast cancer or a family history of pre-menopausal breast cancer. Women 65 years old and older who are eligible for Medicare may choose to obtain screening mammography services from private providers instead of the local health departments. This is the most likely explanation for the lower percentage of women 65 years old and older who received screening mammograms through local health departments compared to women ages 40-49 and 50-64.



3. Screening Mammograms Performed through Local Health Departments by Race and Ethnicity

For year 2007, 90% of the state's female population was Non-Hispanic Whites, 7% Non-Hispanic African Americans, 2% Others and Unknowns and 1% Hispanics. Of the state's female population, the majority of screening mammograms (85%) were provided to Non-Hispanic White women. The remaining screening mammograms were divided among Non-Hispanic African Americans (13%), Hispanics (2%), and Others and Unknowns (1%), which includes Asians and American Indian women (Figure 13). Screening mammograms were provided to a higher proportion of African American women (13%) than are represented in the Kentucky population (7%). The higher proportion of African American women served by the KWCSWP suggests that outreach efforts may have a positive effect in the promotion of breast cancer screenings among African American women.

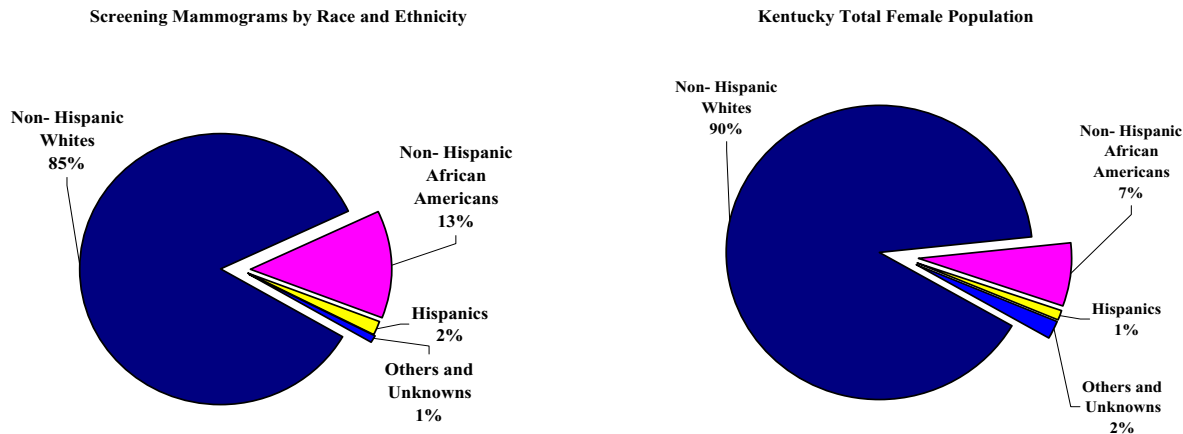


Figure 13. Percentage of Kentucky Total Female Population vs. Screening Mammograms Performed through Local Health Departments in Kentucky by Race and Ethnicity, FY 2007 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2007 & Kentucky State Data Center, 2000).

B. Diagnostic Services

1. Diagnostic Services Performed through Local Health Departments by Service Numbers

Women who present to the local health department who have abnormal findings are referred to contracted providers for diagnostic follow-up. This follow-up includes a referral for surgical consultation and may include breast ultrasound, diagnostic mammography and other diagnostic procedures.

In FY 2007, 15,712 diagnostic services were provided through the local health departments for women who had abnormal screening mammogram results. Approximately 3,238 breast ultrasounds were provided through the local health departments. By far, breast ultrasound was the most common procedure (21%) followed by diagnostic mammograms (unilateral and bilateral) (20%). The remainder of diagnostic procedures included breast biopsies, cyst aspirations, fine needle aspirations and other diagnostic services.

2. Diagnostic Services Performed through Local Health Departments by Age Groups

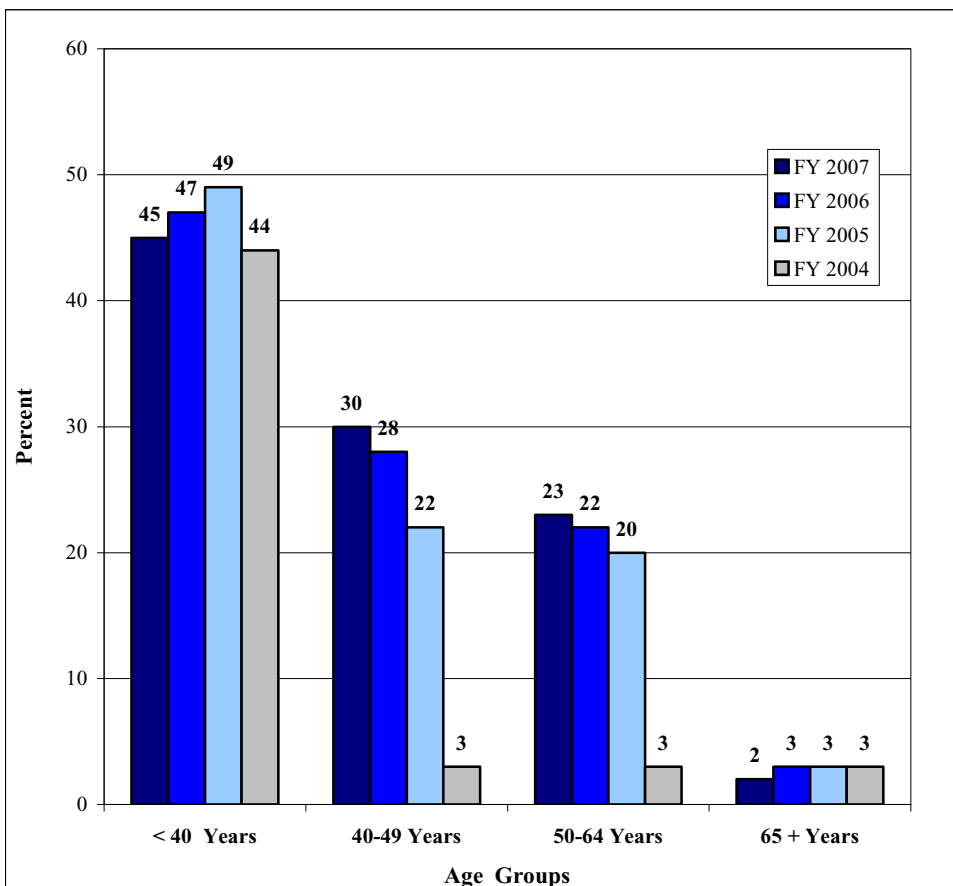


Figure 14. Percentage of Diagnostic Services Performed through Local Health Departments by Age Groups, FY 2004-2007 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, FY 2007).

For fiscal years 2004, 2005, 2006 and 2007, the percentages of diagnostic procedures provided among all age groups remained stable (Figure 14). 75% percent of diagnostic services performed through local health departments were provided to women younger than 49 years of age. A lesser percentage of women 50 years old and older (25%) received fewer diagnostic procedures compared to women 49 years of age and younger. This difference in the percentage of diagnostic procedures is expected because older women have less dense breast tissue, which is more likely to be adequately imaged via screening mammography.

3. Diagnostic Services Performed through Local Health Departments by Race and Ethnicity

The majority of diagnostic services provided through local health departments were provided to Non-Hispanic White women (84%). The remaining number of diagnostic services were divided among Non-Hispanic African Americans (10%), Hispanics (5%), and Others and Unknowns (1%), which includes Asians and American Indian women. A lower percentage (10%) of diagnostic services were performed on Non-Hispanic African American women compared to (84%) Non-Hispanic White women. As depicted in Figure 15, 7% of Kentucky's total population is Non-Hispanic African American women, while 10% of the diagnostic services were provided to Non-Hispanic African American women through local health departments. This may be a reflection of outreach efforts to Non-Hispanic African Americans (Figure 15).

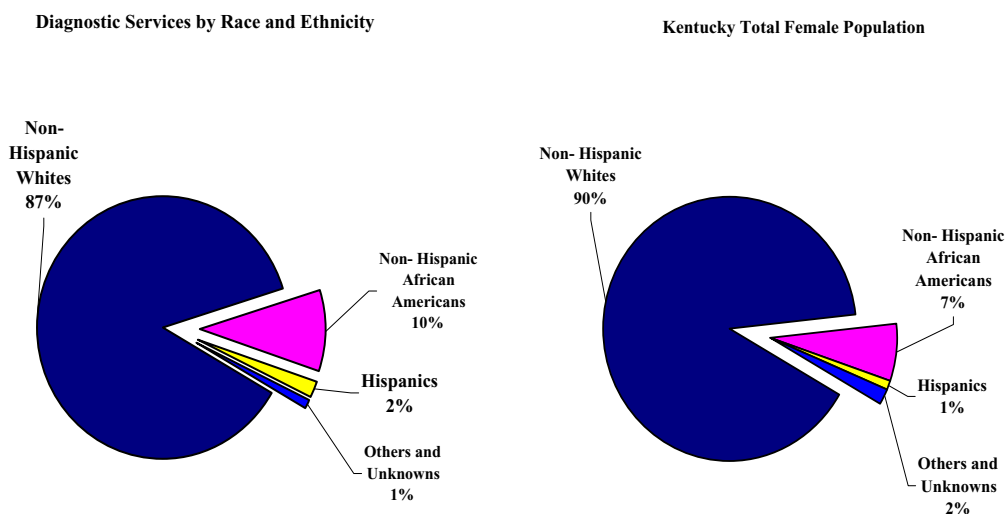


Figure 15. Percentage of Kentucky Total Female Population vs. Diagnostic Services Performed through Local Health Departments Kentucky by Race and Ethnicity, FY 2007 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, FY 2007 & Kentucky State Data Center, 2000).

C. Outcomes: Breast Cancers Detected through Local Health Departments in Kentucky

Between FY 1991 and FY 2007, 2,402 cases of breast cancer were detected in women who received breast cancer screening services through local health departments. Figure 16 shows the number of breast cancer cases detected by year. In FY 2007, a total of 219 breast cancers were detected through local health departments. Additionally, figure 16 demonstrates an increase over time in the detection of breast cancers through the local health departments. Data for FY 2006 and 2007 is still preliminary and may increase when the data is finalized.

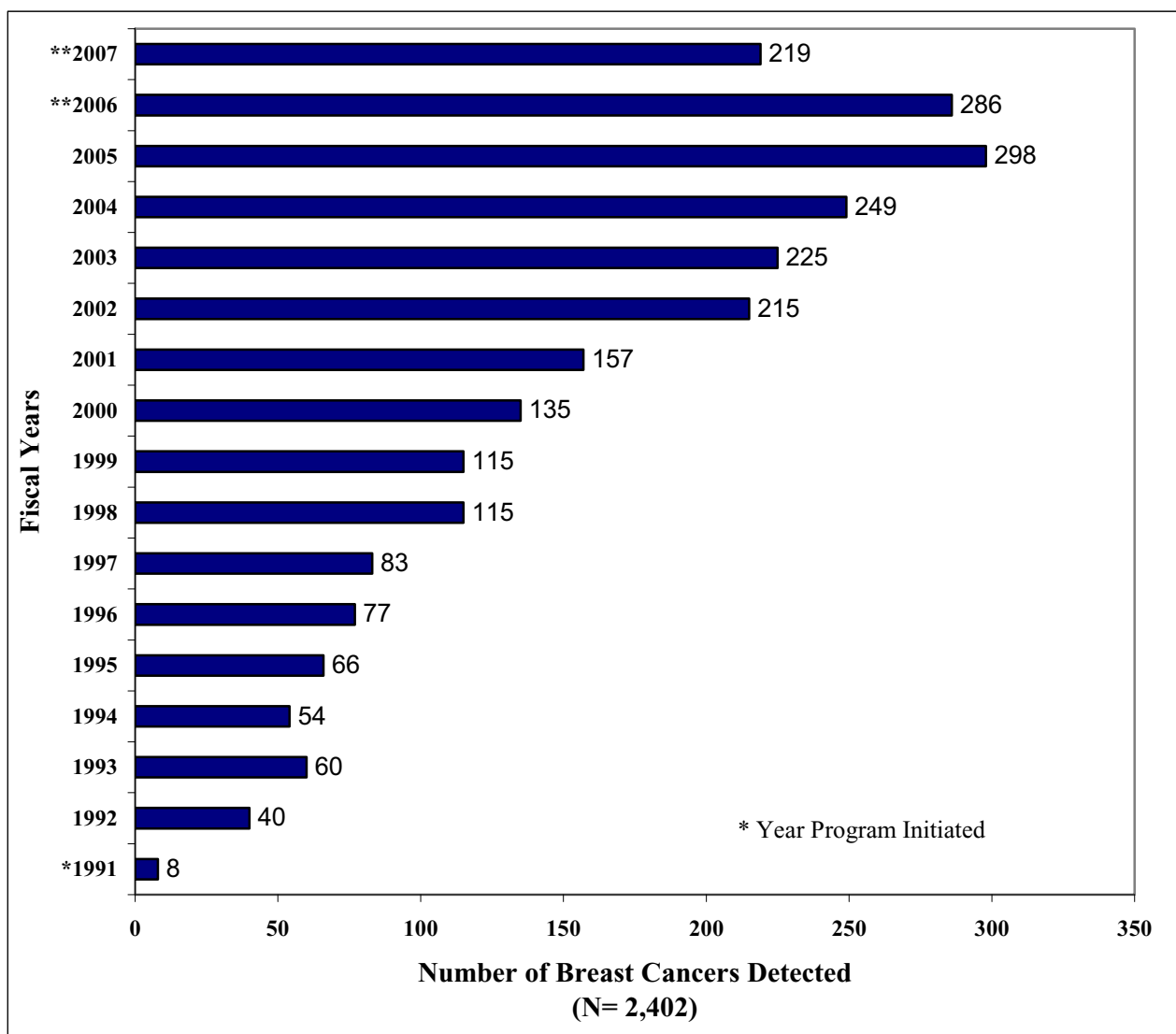


Figure 16. Total Number of Breast Cancers Diagnosed through Local Health Departments in Kentucky, FY 1991-2007
(Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, FY 2007).
** Data for FY 2006 and 2007 are preliminary.

Table 3 demonstrates the geographic distribution of cancers diagnosed. A higher number of breast cancers were diagnosed through local health departments in higher population areas which include the Kentuckiana Regional Planning and Development Agency (KIPDA), Bluegrass, and Cumberland Valley Area Development Districts. The higher number of breast cancers diagnosed in these three districts may be related not only to the higher population but also to the large number of mammography screening services provided by local health departments in these areas. County specific data is available upon request but is not statistically valid due to small numbers. These numbers are not adjusted for the population.

Table 3. Breast Cancers Diagnosed Through Local Health Departments in Kentucky, FY 2004-2007				
Area Development Districts	FY 2004	FY 2005	FY 2006	FY 2007
1. Barren River	15	14	11	12
2. Big Sandy	23	24	21	11
3. Bluegrass	36	34	48	45
4. Buffalo Trace	3	6	7	8
5. Cumberland Valley	31	26	29	20
6. FIVCO	13	17	16	9
7. Gateway	7	9	9	4
8. Green River	6	12	10	14
9. Kentucky River	14	14	19	10
10. KIPDA	42	64	42	28
11. Lake Cumberland	14	23	18	15
12. Lincoln Trail	9	10	16	12
13. Northern Kentucky	12	13	17	11
14. Pennyryle	7	15	8	11
15. Purchase	16	13	13	8
Total	248	294	284	218
*Data for FY 2006 and 2007 are preliminary.				

IV. Quality Assurance

Continuous quality assurance activities promote the quality of service delivery at local health departments, contracted providers, mammography facilities and laboratories. The KWCSF is required to submit reports twice each year that provide feedback to the CDC regarding program monitoring of quality services. The CDC uses these program reports to generate Kentucky's Data Quality Indicator Guide (DQIG), a report of program performance on sixty-nine (69) indicators representing the important aspects of care. Eleven (11) of these indicators compose the program's core performance indicators; four (4) of these indicators relate to breast cancer and seven (7) relate to cervical cancer. *Based on the results of the FY 2007 CDC report of the program's performance for the eleven (11) core performance indicators, the program met or exceeded the CDC standards for all eleven indicators for quality of cancer services for the second time in the history of the program (Table 4).*

Table 4. Selected Core Performance Indicators for Breast Cancer for the Kentucky Women's Cancer Screening Program, FY 2007					
Program Performance Indicator	CDC Standard	Kentucky Results		National Results	
		Percentage	Standard Met?	Percentage	Standard Met?
Abnormal Breast Cancer Screening Results with Complete Follow-up	$\geq 90\%$	91.2% (1,597/1,752)	YES	93.7% (91,971/98,110)	YES
Abnormal Breast Cancer Screening Results; Time from Screening to Diagnosis > 60 Days	$\leq 25\%$	8.7% (139/1,597)	YES	12.6% (11,612/91,802)	YES
Treatment Started for Breast Cancer	$\geq 90\%$	95.2% (59/62)	YES	97.4% (4,463/4,581)	YES
Breast Cancer; Time from Diagnosis to Treatment > 60 days	$\leq 20\%$	10.3% (6/58)	YES	6.0% (265/4,450)	YES
Screening Mammograms Provided to Women > 50 years of age	$\geq 75\%$	99.9% (5,294/5,297)	YES	83.6% (252,527/302,116)	YES

Clinical benchmarks that are developed and implemented to standardize the quality assurance review process correlate with standards established by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The quality assurance review process was enhanced in FY 2007 to include targeted activities to identify opportunities for program improvement, identify local health departments in need of further assessment or technical assistance, and to focus staff activity and resources to assure and, as needed, improve program performance.

In FY 2007, quality assurance activities included routine quality assurance site visits which were conducted twice a year at each cancer screening site throughout Kentucky. During each site visit, the state Case Management Coordinator (CMC) reviews the patient follow-up tracking system and external healthcare provider contracts. The CMC assesses local health department compliance with federal and state program guidelines and policies as well as needs for training and technical assistance to assure the continuity of appropriate and timely quality care. The utilization of a standardized quality assurance tool during chart reviews assured that specific criteria and standards were being reviewed and consistently measured at each site. Any issues or concerns identified during the site visit are immediately addressed by the CMC with the local health department. All findings are also communicated to the local health department in writing within 14 days of the site visit. If applicable, a written plan of correction is requested from the local health department and a follow-up review is conducted by the CMC to assure appropriate actions are taken to resolve issues.

In addition, current protocols and practices are reviewed by the KWCSF Breast Cancer Medical Advisory Committee (BCMAM). Members of the BCMAM, including radiologists, surgeons, and clinical pathologists, provide clinical expertise and advice regarding current standards of care to promote quality services.

A. Quality Assurance through Clinical Standards

Clinical standards, including timetables for screening, diagnostic follow-up and case management, are established for the local health departments through the Public Health Practice Reference (PHPR). The Public Health Practice Reference guidelines are updated biannually and reflect current nationally recognized research and best practices. This reference contains the standards by which services are evaluated through routine and focused quality assurance activities. In accordance with nationally recommended screening guidelines, the Public Health Practice Reference guidelines for breast cancer screenings recommend that annual clinical breast exams are provided beginning at age 21 and annual screening mammograms are provided beginning at age 40. All women with an abnormal clinical breast examination, regardless of age, are referred for surgical consultation for further evaluation. The appropriate follow-up for abnormal results of mammograms is specified in the Public Health Practice Reference.

B. Quality Assurance through Case Management

The goal of case management is for all women enrolled in the Kentucky Women's Cancer Screening Program to receive accessible, timely and medically appropriate screenings and referrals for diagnostic services, and referrals for treatment services. To assure these services, each local health department is required to designate a Nurse Case Manager (NCM) to assure complete and timely tracking and follow-up for all women with abnormal screening and diagnostic results. The NCM employs a patient tracking system to assure that women receive timely notification and referrals to providers for abnormal screening and diagnostic results. Using a patient reminder tool, the NCM is responsible to assure patients receive case management services and follow-up services at appropriate screening intervals. Additionally, the NCM is responsible for the development and implementation of an appropriate plan of care, coordination of patient care with providers, individualized patient counseling and education on test results and procedures, and ongoing review of the patient's plan of care to assure adherence to the current PHPR guidelines.

C. Quality Assurance through Professional Development

Throughout FY 2007, the KWCSP contracted with the University of Louisville to provide continuing education for local health department nurses and practitioners regarding women's health education and cancer screening clinical skills and practices. More than 40 local health department registered nurses received this essential training to assure that all women who receive breast cancer screenings through the local health departments receive quality services. This two-day training focused on teaching breast self-exam, performing a clinical breast exam using the MammaCare® method, female pelvic anatomy, and performance of a bimanual pelvic examination, correct Pap smear technique, and understanding abnormal Pap smear results. In addition to the hands-on training provided during the two-day course, the nurses completed the six-month preceptorship which included successful completion of 25 women's cancer screening examinations under the direct supervision of a qualified clinical preceptor. After successful completion of the preceptorship, the nurses received certification to document completion of the requirements to provide cancer screening services.

Since the greater density of breast tissue among younger women can make the detection of breast cancer challenging and possibly resulting in a higher number of abnormal findings, it is critical to include the MammaCare® method as a part of the breast cancer screening trainings. To better prepare for this challenge, the KWCSP maintained contracts with the University of Louisville to conduct clinical breast examination training using the MammaCare® method for local health department nurses and contracted providers. In addition, through a contract with the University of Louisville, the program provided instruction in clinical breast examinations using the MammaCare® method to 67 individuals. Also, the University of Louisville Kentucky Cancer Program provided clinical breast examination instruction using live models to 220 medical residents in Kentucky.

Through five "Women's Health Update Conferences" conducted, physicians and other healthcare professionals imparted knowledge regarding current breast cancer screening practice guidelines to 250 local health department clinical staff. Moreover, through a partnership with the University of Louisville Kentucky Cancer Program, the Kentucky Department for Public Health maintained support of the continuing education self-study kit (called "Providers Practice Prevention") for primary care physicians, advanced registered nurse practitioners, and physician assistants to increase the number of and improve the quality of routine breast cancer screenings for Kentucky women.

In FY 2007, the University of Louisville Kentucky Cancer Program distributed 1,100 of the "Quick Reference Guide for Health Care Providers: Breast and Cervical Cancer Screening and Treatment in Kentucky". This guide promotes the KWCSP and the Breast and Cervical Cancer Treatment Program, which is administered by the Department for Medicaid Services (DMS). More than 11,400 copies of the Quick Reference guide have been distributed to providers statewide and to other stakeholders through various outreach events.

D. Quality Assurance through Data Monitoring

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) requires the KWCSP to collect an expanded data set that includes seventy data elements. The Minimum Data Elements are reported twice yearly to the Centers for Disease Control and Prevention (CDC). The CDC shares feedback regarding the results of the reports with the program staff after each submission. The CDC reviews the program's data report to determine whether standards are met for NBCCEDP performance indicators. Continued quality assurance improvements have contributed to improvements in data management and in the collection and reporting of data for services provided by the KWCSP.

Throughout FY 2007, the program continued efforts to streamline the data collection and reporting system to assure NBCCEDP performance indicators were met. The KWCSP implemented data management tools to review vendor data files. These tools were used to assess, on a monthly basis, the completeness, accuracy, and timeliness of the data reported in the data management vendor's file. *As a result of this and other efforts, the KWCSP met sixty-eight of sixty-nine indicators and submitted 99.5% complete data to CDC in FY 2007.*

Although changes to the data collection and reporting process have resulted in dramatic improvements in data timeliness and completeness for submission as required to the CDC, the program continues to address challenges in data management systems as identified via the program quality assurance monitoring. Quality assurance monitoring of local health department performance is accomplished through analysis of data files and focused site visits to determine local health department needs for technical assistance and program performance improvements. Ongoing assessment must be accomplished to assure completeness and accuracy of eligibility, clinical screening, and diagnostic service data, as well as quality of services and fiscal accountability.

V. Financial Progress Report

A. Funding Sources

The KWCSF is supported by state, federal, and local funds. The majority of the funds pay for clinical services for eligible women including diagnostic follow-up tests when abnormal screening test results are obtained. The remainder of the funds supports administrative and infrastructure such as state staff salaries, training programs for local health department nurses and practitioners, outreach efforts for special programs and other program activities. The KWCSF staff provides oversight and monitors contracts with universities and memoranda of agreements with the local health departments that support cancer screening services, follow-up diagnostic tests, case management, local outreach projects, and community based staff. Local health departments supplement the funding for breast cancer screening services for women eligible for the program through local tax appropriations.

B. Financial Data (1991 – 2007)

Table 5 shows how funds were spent for the last sixteen state fiscal years. Note that the costs of mammograms shown in the table include mammograms paid for with state *and* federal funds. FY 1998 was the first year in which federal funds were used to pay for screening and follow-up services. As of October 1999, all 120 counties were eligible to receive federal fund reimbursement for screening and diagnostic follow up services.

The information in each column of the table summarizes the expenses paid by the program in each fiscal year for the following services/activities: breast cancer screening office visits; breast cancer screening mammograms; breast cancer follow-up visits (including diagnostic tests, procedures, case management); training; and outreach activities. The last column reflects the total of expenditures of these services/activities for each fiscal year. The average cost of screening services, including those who received screening mammograms and clinical breast exams, was \$130.00 per woman.

Table 5. Federal and State Funds Spent on Breast Cancer Screening and Follow-up for Fiscal Years 1991 through 2007						
Fiscal Year	Breast Cancer Screening		Breast Cancer Follow-Up ²	Training ³	Outreach ³	Total per Fiscal Year
	Visits ¹	Mammograms				
1990-1991	\$172,200	\$92,200		\$10,300		\$274,700
1991-1992	\$260,900	\$328,700	\$14,500	\$12,500		\$616,600
1992-1993	\$341,700	\$476,100	\$102,600	\$12,250	\$104,000	\$1,036,650
1993-1994	\$360,400	\$558,400	\$140,600	\$20,200	\$254,000	\$1,333,600
1994-1995	\$336,800	\$499,700	\$128,100	\$13,900	\$110,950	\$1,089,450
1995-1996	\$556,600	\$516,000	\$130,300	\$11,550	\$6,000	\$1,220,450
1996-1997	\$549,700	\$608,900	\$191,574	\$3,000	\$117,602	\$1,470,776
1997-1998	\$588,000	\$870,200	\$238,300	\$42,600	\$198,108	\$1,937,208
1998-1999	\$642,200	\$640,200	\$317,500	\$56,700	\$236,853	\$1,893,453
1999-2000	\$838,962	\$619,920	\$411,308	\$31,360	\$543,294	\$2,444,844
2000-2001	\$718,395	\$610,624	\$423,669	\$31,000	\$359,702	\$2,143,390
2001-2002	\$866,703	\$633,640	\$566,645	\$43,500	\$496,517	\$2,607,005
2002-2003	\$436,438	\$614,246	\$565,754	\$43,500	\$496,517	\$2,156,455
2003-2004 ⁴	\$424,116	\$596,903	\$549,780	\$54,500	\$456,517	\$2,081,816
2004-2005	\$420,580	\$591,927	\$545,196	\$54,500	\$456,517	\$2,068,720
2005-2006 ⁵	\$375,884 ⁵	\$632,673 ⁵	\$668,263 ⁵	\$58,500	\$382,249	\$2,117,569
2006-2007	\$336,761	\$656,685	\$690,361	\$57,878	\$245,582	\$1,987,267
FY 1991-2007 Total	\$8,226,339	\$9,547,017	\$5,684,450	\$557,738	\$4,464,408	\$29,472,785
Source: Kentucky Department for Public Health, Division of Women's Health, Cancer Resource Management File.						
¹ The actual visits are a combination of breast cancer screening (education on breast self-examination and clinical breast exam) and other preventive measures. Actual proportion of the costs may vary since each visit is individualized to meet the patient's screening and other preventive services needs. Of the total visit cost, 40% is allocated to breast cancer screening (second column from left). The figures reported for 2006-2007 screening, diagnostic and case management services are based on the Statement of Revenue and Expenses for Fiscal Year 2007.						
² Includes funds for case management.						
³ For the purpose of this report, the expended funds in the table allocate 50% of the total training and outreach expenditures of state funds to breast cancer. The remaining 50% is allocated to cervical cancer training and outreach. In FY 95, 96, and 97, additional federal funds were spent on training and outreach that are not shown in this table. Expenditures shown for these three years were state funds only.						
⁴ Rates for reimbursements for 10 services were increased during FY 2004 to provide an incentive to community providers to contract with local health departments to provide breast cancer screening services.						
⁵ Source of the denominator for the calculation of breast cancer screening, diagnostic follow-up and case management expenditures is the total program clinical services expenditures for each fiscal year included in the Statement of Revenue and Expenses for Fiscal Years 2003-2007. (Refer to State and Federal Columns in Table 6).						

Table 6 indicates state, federal and local tax funds spent for breast cancer clinical services that include screening, diagnostic follow-up and case management for Fiscal Years 2003-2007. During these fiscal years, local tax appropriations funded a total of 33% of all breast cancer clinical services (screening, diagnostic follow-up and case management) through local health departments in Kentucky.

Table 6. Expenditures of State, Federal and Local Tax Funds for Breast Cancer Screening, Follow-up and Case Management for Fiscal Years 2003-2007*

Fiscal Year	State	Federal	Local Tax	Total
2002-2003	\$1,045,319	\$ 571,119	\$ 513,912	\$ 2,130,350
2003-2004	\$1,017,981	\$ 552,818	\$ 716,790	\$ 2,287,589
2004-2005	\$ 984,000	\$ 573,703	\$ 927,714	\$ 2,485,417
2005-2006	\$1,030,413	\$ 646,407	\$ 966,952	\$ 2,643,772
2006-2007	\$1,093,328	\$ 590,478	\$1,045,956	\$ 2,729,762
Totals	\$5,171,041	\$2,934,525	\$4,171,324	\$12,276,890
*Expenditures for Breast Cancer Screening, Follow-up and Case Management are based on a calculation of the distribution of breast cancer screening, follow-up and case management services (approximately 40% of all KWCSF clinical services encounters) in the Statement of Revenue and Expenses for Fiscal Year 2007.				
**State funds cover Breast Cancer Screening, Follow-up, and case management services that are not approved for payment with federal grant funds.				

VI. Breast Cancer Research and Education Trust Fund

In accordance with KRS 211.580, the Breast Cancer Research and Education Trust Fund program was created in June, 2005. The purpose of the trust fund program is to distribute moneys to support breast cancer research, education, treatment, screening, and awareness in Kentucky. The trust fund consists of funds collected from the state income tax check off, the sale of the “Driving for a Cure” license plates, and any other proceeds from grants, contributions, appropriations, or other moneys made available for the purposes of the trust fund. In Calendar Year (CY) 2007, which was the first full calendar year the program was in existence, approximately 8,745 “Driving for a Cure” pink license plates were sold through the County Clerk offices statewide. The Kentucky Transportation Cabinet proceeds from the sale of these license plates, supplemented with additional donations from private citizens, totaled nearly \$88,000 for this same time period. Furthermore, Kentucky state income tax check off revenues totaled approximately \$53,000 for CY 2007, for a grand total of \$141,000 in funds generated for the Breast Cancer Research and Education Trust Fund in CY 2007.

Trust fund moneys are allocated through a competitive grant process to provide funding to not-for-profit entities, educational institutions, and governmental agencies in Kentucky. Proposals are used to provide programs or services in the areas of breast cancer research, education, awareness, treatment, and screening. Preference for funding is given to entities whose programs will serve medically underserved populations. Trust fund money availability is advertised through a board-approved notification plan. A report of the trust fund program accomplishments is reported to the Governor and the Legislative Research Commission each year.

The Breast Cancer Research and Education Trust Fund program is located organizationally within the Department for Public Health, Division of Women’s Health (DWH). The Breast Cancer Research and Education Trust Fund Board administers the program with the assistance of DWH staff (Appendix A). Together, they assure that trust fund program moneys are used to support breast cancer research, education, awareness, treatment, and screening, thereby improving the health outcomes of Kentucky’s women.



APPENDIX A

Kentucky Statutes and Administrative Regulations

1. Kentucky Women's Cancer Screening Program

KRS 214.550 Definitions for KRS 214.552 to 214.556. As used in KRS 214.552 to 214.556: (1) "Department" means the Department for Public Health of the Cabinet for Health and Family Services. (2) "Fund" means the breast cancer screening fund. (3) "Screening" means the conduct of screening mammography for the purpose of ascertaining the existence of any physiological abnormality, which might be indicative of the presence of disease. **Effective:** June 20, 2005 **History:** Amended 2005 Ky. Acts ch. 99, sec. 461, effective June 20, 2005. – Amended 1998 Ky. Acts ch. 426, sec. 408, effective July 15, 1998. – Amended 1994 Ky. Acts ch. 184, sec. 1, effective July 15, 1994. – Created 1990 Ky. Acts ch. 318, sec. 2, effective July 1, 1990.

KRS 214.554 Breast Cancer Screening Program – Breast Cancer Advisory Committee –Annual report.

(1) There is established within the department a Breast Cancer Screening Program for the purposes of: (a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and (b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities. (2) Services provided under the Breast Cancer Screening Program may be undertaken by private contract for services or operated by the department and may include the purchase, maintenance, and staffing of a truck, a van, or any other vehicle suitably equipped to perform breast cancer screening. The program may also provide referral services for the benefit of women for whom further examination or treatment is indicated by the breast cancer screening. (3) The department may adopt a schedule of income-based fees to be charged for the breast cancer screening. The schedule shall be determined to make screening available to the largest possible number of women throughout the Commonwealth. The department shall, where practical, collect any available insurance proceeds or other reimbursement payable on behalf of any recipient of a breast cancer screening under KRS 214.552 to 214.556 and may adjust the schedule of fees to reflect insurance contributions. All fees collected shall be credited to the fund. (4) The department may accept any grant or award of funds from the federal government or private sources for carrying out the provisions of KRS 214.552 to 214.556. (5) For the purpose of developing and monitoring the implementation of guidelines for access to and the quality of the services of the Breast Cancer Screening Program, there is hereby created a Breast Cancer Advisory Committee to the commissioner of the Department for Public Health which shall include the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Physical and Mental Health, one (1) radiologist with preference given to one who has been fellowship-trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor. (6) The commissioner of the Department for Public Health, in consultation with the Breast Cancer Advisory Committee, shall annually, but no later than November 1 of each year, make a report to the Governor, the Legislative Research Commission, and the Interim Joint Committees on Appropriations and Revenue and on Health and Welfare on the: (a) Implementation and outcome from the Breast Cancer Screening Program including, by geographic region, numbers of persons screened, numbers of cancers detected, referrals for treatment, and reductions in breast cancer morbidity and mortality; (b) Development of quality assurance guidelines, including timetables, for breast cancer screening under this section, and monitoring of the manner and effect of implementation of those guidelines; and (c) Funds appropriated, received, and spent for breast cancer control by fiscal year. **Effective:** June 20, 2005 **History:** Amended 2005 Ky. Acts ch. 99, sec. 462, effective June 20, 2005. – Amended 2003 Ky. Acts ch. 48, sec. 1, effective June 24, 2003. – Amended 1998 Ky. Acts ch. 95, sec. 1, effective July 15, 1998; and ch. 426, sec. 409, effective July 15, 1998. – Amended 1994 Ky. Acts ch. 184, sec. 2, effective July 15, 1994. – Created 1990 Ky. Acts ch. 318, sec. 4, effective July 1, 1990.

2. Breast and Cervical Cancer Treatment Program

907 KAR 1:805 Breast and cervical cancer eligibility for Medicaid. This administrative regulation establishes the requirements for the determination of Medicaid eligibility for low-income, uninsured women under the age of sixty-five (65) who have been identified by the Kentucky Women's Cancer Screening Program and are in need of treatment for breast or cervical cancer, including a precancerous condition and early stage cancer. (1) "Cabinet" means the Cabinet for Health and Family Services. (2) "CDC" means the federal Centers for Disease Control and Prevention. (3) "Creditable coverage" is defined in KRS 304.17A-005(7). (4) "Department" means the Department for Medicaid Services or its designated agent. (5) "Kentucky Women's Cancer Screening Program" means the program administered by the Department for Public Health which provides breast and cervical cancer screening and diagnostic services to low-income, uninsured or underinsured women using both state funds and monies from the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, including Title XV funds. (6) "Qualified alien" means an alien who, at the time the alien applies for or receives Medicaid, meets the requirements established in 907 KAR 1:011, Section 5(12)(a)1b or c. A woman shall be eligible for Medicaid benefits if she: (1) Has not attained the age of sixty-five (65); (2) Is a United States citizen or qualified alien; (3) Is a resident of Kentucky; (4) Is not an individual described in any of the mandatory Medicaid categorically-needy eligibility groups; (5) Is not a resident of a public institution in accordance with 907 KAR 1:011, Section 6; (6) Has been: a) Screened for breast or cervical cancer under the Kentucky Women's Cancer Screening Program; and (b) Found to need treatment for breast or cervical cancer, including a precancerous condition or early stage cancer; (7) Does not have creditable coverage unless the treatment of breast or cervical cancer is not: (a) A covered service; or (b) Covered due to: 1. Exclusion as a preexisting condition; 2. An HMO affiliation period; or 3. Exhaustion of a lifetime limit on benefits; and (8) Has provided a Social Security number in accordance with 907 KAR 1:011, Section 11. A woman who is determined to require routine monitoring services for a precancerous breast or cervical condition shall not be considered to need treatment. Medicaid eligibility may be effective three (3) months prior to the month of application. The length of Medicaid eligibility shall be as follows: (a) Four (4) months for the treatment of breast cancer; (b) Three (3) months for the treatment of cervical cancer; and (c) Two (2) months for the treatment of precancerous cervical or breast disorder. The department may grant an extension of eligibility if further treatment is necessary for breast or cervical cancer or a precancerous cervical or breast disorder. To request an extension, the treating provider shall complete a MAP-813D, Breast and Cervical Cancer Treatment Program Request for Extension of Eligibility, and submit it to the department. After receipt of the completed MAP-813D, the department shall notify the recipient of the eligibility extension period. If the age of sixty-five (65) is attained during an eligible period, Medicaid eligibility shall be terminated at the end of the birth month. A local health department shall: (1) In a joint effort with an applicant, complete a MAP-813B, BCCTP Eligibility Screening Form, to determine if the recipient is potentially eligible for Medicaid in another eligibility category; (2) Refer the applicant to the local Department for Community Based Services office if she is potentially eligible in another Medicaid group; (3) If the applicant is determined to meet the eligibility criteria established in Section 2 of this administrative regulation: a) In conjunction with the applicant, complete a MAP-813, Breast and Cervical Cancer Treatment Program Application; and b) Contact the department to obtain an authorization number; and (4) If an authorization number is received, provide the applicant's eligibility information to the department. The recipient shall be responsible for reporting to the department within ten (10) days a change in: (1) Breast or cervical cancer treatment status; (2) Creditable health insurance coverage; (3) Address; or (4) Another circumstance which may affect eligibility. An appeal regarding the Medicaid eligibility of an individual shall be conducted in accordance with 907 KAR 1:560. (2) If a woman is determined ineligible for the Kentucky Women's Cancer Screening Program, the appeal procedures shall be in accordance with 902 KAR 1:400.

Effective: August 20, 2003.

3. Breast Cancer Research and Education Trust Fund

KRS 211.580 Breast Cancer Research and Education Trust Fund. (1) The breast cancer research and education trust fund is created as a separate revolving fund. The trust fund shall consist of funds collected from the income tax check off created under KRS 141.446 and any other proceeds from grants, contributions, appropriations, or other moneys made available for the purposes of the trust fund. (2) Trust fund amounts not expended at the close of a fiscal year shall not lapse but shall be carried forward to the next fiscal year. (3) Any interest earnings of the trust fund shall become a part of the trust fund and shall not lapse. (4) Trust fund moneys shall be used to support breast cancer research, education, treatment, screening, and awareness in Kentucky. Funds shall be distributed as directed by the Breast Cancer Research and Education Trust Fund Board established by KRS 211.585. (5) Moneys transferred to the trust fund pursuant to KRS 141.446 are hereby appropriated for the purposes set forth in KRS 211.580 to 211.590. **Effective:** June 20, 2005 **History:** Created 2005 Ky. Acts ch. 27, sec. 2, effective June 20, 2005.

KRS 211.590 Duties of Breast Cancer Research and Education Trust Fund Board. The Breast Cancer Research and Education Trust Fund Board created by KRS 211.585 shall: (1) Develop a written plan for the expenditure of trust funds made available under KRS 211.580. The initial plan shall be completed on or before October 1, 2005, and shall be updated on an annual basis on or before October 1 of each year thereafter. The plan shall, at a minimum, include the following: (a) A summary of existing breast cancer education, awareness, treatment, and screening programs provided to residents of Kentucky by type of program and by geographic area; (b) A needs assessment for the Commonwealth of Kentucky that identifies additional programs that are needed by program type and geographic area, with support for why the identified programs are needed; and (c) A prioritized list of programs and research projects that the board will address with funding available through the competitive grant program established under subsection (2) of this section; (2) Promulgate administrative regulations to establish a competitive grant program to provide funding to not-for-profit entities, educational institutions, and government agencies in Kentucky offering programs or services in the areas of breast cancer research, education, awareness, treatment, and screening. (a) The grant program shall give preference to programs proposing to serve the medically underserved population. (b) The grant program shall provide funding to projects and programs in accordance with the priorities established in the plan developed under subsection (1) of this section. (c) The administrative regulations shall, at a minimum: 1. Establish an application process and requirements; 2. Set forth program and outcome measurement requirements; 3. Establish an application review and award process; and 4. Provide monitoring, oversight, and reporting requirements for funded programs; (3) Promulgate administrative regulations necessary to carry out the provisions of KRS 211.580 to 211.590; and (4) Provide to the Governor and the Legislative Research Commission an annual report by October 1 of each year. The report shall include: (a) The plan developed under subsection (1) of this section for the expenditure of funds for the current and next fiscal year; (b) A summary of the use and impact of prior year funds; (c) A summary of the activities of the board during the prior fiscal year; and (d) Any recommendations for future initiatives or action regarding breast cancer research, education, awareness, treatment, and screening. **Effective:** June 20, 2005 **History:** Created 2005 Ky. Acts ch. 27, sec. 4, effective June 20, 2005.

APPENDIX B

Technical Notes

Data in this report was obtained from multiple sources. All data reported is based on the latest year available and are subject to change due to reporting delays. Data for services received at local health departments in all 120 Kentucky counties comes from Cancer Resource Management Reports and Minimum Data Elements (MDE) Reports. Encounter billing information is provided to the KWCSF electronically by all local health departments. MDE reports include seventy data indicators required for reporting to the Centers for Disease Control and Prevention (CDC). The Minimum Data Elements are collected electronically through local health departments to report information on eligible patients for breast and cervical cancer screening, diagnostic and case management services paid with federal grant funding provided by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Estimates for breast cancers detected through local health departments come from mammogram records that were electronically matched to Kentucky Cancer Registry (KCR) records. There is a lag time of nine months between the date of diagnosis and the date that a cancer case is reported to the KCR. An additional period of 21 months may be incurred before all individual cancer diagnosis information is reported to the KCR. Therefore, data for breast cancers detected in FY 2007 are preliminary. Lastly, some breast cancer cases may not have been reported to the KCR related to accessibility of diagnostic and treatment services in large urban centers located in contiguous states.

Incidence and survival data were obtained from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI), a nationally recognized source for cancer data. The SEER is considered the standard for quality among cancer registries around the world and collects cancer incidence and survival data from population-based cancer registries. In 2001, the SEER Program expanded coverage to include Kentucky. SEER data used for this report is from 2005.

Mortality data come from the Surveillance and Health Data Branch of the Kentucky Department for Public Health. These rates are for the year 2005 and rates are age-adjusted to the 2000 U.S. standard population.

Breast cancer screening estimates for Kentucky and U.S. women aged 40 and older who did not receive mammograms within the past two years according to nationally recommended guidelines come from the Kentucky Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an annual telephone survey that assesses health behaviors and disease prevention practices among adults 18 years of age and older. BRFSS data used in this report are from the 2002, 2004 and 2006 survey.

Population data is obtained from two sources. Data for Kentucky women by race and age were retrieved from the Kentucky State Data Center. The Kentucky State Data Center and its 78-member affiliate network provides training and assistance to government agencies, the business community, university researchers, and other interested data users regarding the use of census data for research, administration, planning, and decision making. The Kentucky State Data Center is a cooperative effort of the University of Louisville, the Commonwealth of Kentucky, and the U.S. Census Bureau. Data for the Kentucky population was obtained from the U.S. Census Bureau. The U.S. Census Bureau collects demographic, economic, community and other data about the American population.

APPENDIX C

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APPENDIX D

Glossary

Age-Adjusted: A weighted average of the age-specific or crude rates, where weights are the proportions of persons in the corresponding age groups of a standard million population.

Benign: A condition that is not cancerous.

Biopsy: A procedure to obtain a small amount of tissue for microscopic analysis to establish a precise diagnosis.

Breast Carcinoma, In Situ: An early form of breast cancer characterized by absence of invasion of surrounding breast tissues, with no spreading of cancer cells beyond the milk ducts or milk-producing glands.

Breast Carcinoma, Invasive: A form of breast cancer characterized by the invasion of surrounding breast tissue, with spreading of cancer cells beyond the milk ducts or milk glands.

Breast Cancer Rates: Calculations are based on invasive breast cancers.

Incidence: Rate of new cancers of a specific site/type occurring in a specified population during a year, expressed as the number of cancers per 100,000 people.

Malignant: The medical term for cancer, referring to the abnormal division of cells which can spread through the body.

Mammogram: A form of breast x-ray used to detect breast cancer.

Mammogram, Screening: Two x-ray views of each breast, typically used when a physical exam shows no signs or symptoms of breast cancer.

Mammogram, Diagnostic: Two or more x-ray views of one or both breasts, typically used when a physical exam or screening mammogram shows signs or symptoms of breast cancer.

Payer: Agency responsible for paying for services performed through Local Health Departments; includes The Kentucky Women's Cancer Screening Program, Medicaid, Medicare, commercial insurance, and the client herself (self-paid).

Prevalence: Total number of people with a specific site/type of cancer at a particular moment in time in the entire population.

Ultrasound, Breast: An imaging procedure using high-frequency sound waves to create an image of a change in breast tissue.

APPENDIX E

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**Cabinet for Health and Family Services
Kentucky Department for Public Health
Division of Women's Health
Kentucky Women's Cancer Screening Program
275 East Main Street
Frankfort, Kentucky 40621
Telephone: (502) 564-3236
Fax: (502) 564-8389
<http://chfs.ky.gov/dph/info/wpmh/>**

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